

Eligibility Form
(Record 01*)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
Date Selection Variable	DATE01				DATE01		
Person Interviewed	TYPE01				TYPE01		
Age	AGE01				AGE01		
Birthdate	BIRTH01				BIRTH01		
Race	RACE01				RACE01		
Race other than those listed	ROTHER01				ROTHER01		
Of Hispanic Origin?	HISP01				HISP01		
Gender	GEND01				GEND01		
Marital Status	MARIT01				MARIT01		
What is the highest grade or year of school you have ever completed?	GRADE01				GRADE01		
What best describes the kind of work you have done most of your life?	OCCUP01				OCCUP01		
Other lifetime occupation not listed	SOCCUP01				SOCCUP01		
Please look at this card while I read it all to you. Then tell me which one best describes your current occupation:	CUROC01				CUROC01		
Other current occupation not listed	OCUROC01				OCUROC01		

* The data in this form is baseline information only; thus, no table for Years 8-12 is included.

Eligibility Form (cont.)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
Which of the income groups on this card represents your total combined family income, before taxes, for the past 12 months?	INCOME01				INCOME01		
Would you say, in general, your health is: **	HEALT01	HLTH137		HLTH129	HEALT01	HLTH159	HLTH159
How would you say your health compares to other persons of your age? Would you say your health is: **	RLHLTH01	HLTH237		HLTH229	RLHLTH01	HLTH259	
During the past two weeks, how many days have you stayed in bed all or most of the day because of illness or injury?	BED01				BED01		
What illness caused you to stay in bed?	ILL01				ILL01		
Other illness not listed	ILLSPC01				ILLSPC01		
Have you been told by a doctor that you currently have any of the following conditions:							
- lung disease, emphysema, or bronchitis?	LUNG01				LUNG01		
- nervous or emotional disorder?	NERV01				NERV01		
- high blood pressure?	HIBP01				HIBP01		

Eligibility Form (cont.)

- hearing problems?	HEAR01				HEAR01		
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Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
- vision problems not corrected with glasses?	VISION01				VISION01		
- kidney disease?	KIDNEY01				KIDNEY01		
- heart disease?	HEART01				HEART01		
- diabetes?	DIAB01				DIAB01		
- arthritis?	ARTH01				ARTH01		
- disability from stroke?	STROKE01				STROKE01		
Have you ever been diagnosed with cancer?	DIAG01				DIAG01		
Are you currently undergoing active treatment for cancer?	TREAT01				TREAT01		
Have you had cancer during the past five years?	FIVE01				FIVE01		
Please tell me the type of cancer you had:							
- lung	LUNG101				LUNG101		
- breast	BREAS101				BREAS101		

Eligibility Form (cont.)

- stomach	STOM101				STOM101		
- liver	LIVER101				LIVER101		
- colon	COLON101				COLON101		

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
- rectal	RECT101				RECT101		
- pancreas	PANC101				PANC101		
- esophagus	ESOPH101				ESOPH101		
- lymphoma	LYMPH101				LYMPH101		
- multiple myeloma	MULT101				MULT101		
- brain	BRAIN101				BRAIN101		
- prostate	PROST101				PROST101		
- acute leukemia	LEUK101				LEUK101		
- melanoma	MELA101				MELA101		
- non-melanoma skin cancer	NONME101				NONME101		
- chronic leukemia	CHRON101				CHRON101		
Other cancer not listed (yes or no)	OTHYN101				OTHYN101		
Other cancer not listed (name)	OTHER101				OTHER101		

Eligibility Form (cont.)

Have you smoked more than 100 cigarettes or 5 packs of cigarettes in your lifetime:	SMOKE101				SMOKE101		
Have you smoked cigarettes during the last 30 days?	SMOKE201				SMOKE201		

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
How tall are you? (____ft, ____in)	FEET01 INCHES01				FEET01 INCHES01		
How much do you weigh?	WEIGHT01				WEIGHT01		
Because of any physical or health problem, do you need the help of other persons with your personal care needs, such as eating , bathing, dressing or getting around the home?	CARE01				CARE01		
Because of any physical or health problem, do you need the help of other persons in handling your routine needs, such as everyday household chores, doing necessary business, shopping or getting around for other purposes?	NEEDS01				NEEDS01		
Can you do the following activities without difficulty?							

Eligibility Form (cont.)

- walk a 1/2 mile or about 5-6 blocks?	MILE01				MILE01		
- walk up 10 steps?	STEPS01				STEPS01		
- get out of bed or a chair?	BED101				BED101		
- walk around your home?	HOME01				HOME01		

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
Are you able to walk from room to room independently or with a cane or walker?	CANE01				CANE01		
Are you planning to live in this community for the next three years?	STAY01				STAY01		
Are you able to travel by car, van or bus to the clinic center?	TRAVEL01				TRAVEL01		
Are you on a waiting list to enter a nursing home?	WAIT01				WAIT01		
Are you participating in the ARIC Study, Systolic Hypertension in Elderly Study, or NHANES III?	ARIC01				ARIC01		
Is the individual eligible?	ELGBL01				ELGBL01		

Eligibility Form (cont.)

Are you willing to participate in this study?	WILL01				WILL01		
How many people over 64 live here?	NUMBER01				NUMBER01		
Household ID number	HSOLD01				HSOLD01		
Relationship of household member	HHREL01				HHREL01		
Interviewer IDNO	INTID01				INTID01		

Children and Study Evaluation Form*
(Record 73)

Question	Year 8	Year 9	Year 10	Year 11	Year 12
Date Selection Variable		YEAR73			
Number of Living Children		NCHILD73			
Birth Month of Child 01 Birth Day of Month of Child 01 Birth Year of Child 01 Age of Child 01 Gender of Child 01 Location of Child 01 . . . Birth Month of Child 11 Birth Day of Month of Child 11 Birth Year of Child 11 Age of Child 11 Gender of Child 11 Location of Child 11		C01MON73 C01DAY73 C01YR73 C01AGE73 C01SEX73 C01LOC73 . . . C11MON73 C11DAY73 C11YR73 C11AGE73 C11SEX73 C11LOC73			
What is liked about CHS (#1) What is liked about CHS (#2)		LIKE173 LIKE273			
Improvement to CHS (#1) Improvement to CHS (#2)		IMPR173 IMPR273			
Date of Interview Interviewer ID		INTDAT73 INTID73			

* This form was only administered at Year 9.

Informed Consent Tracking Form*
(Record 81)

Question	Year 8	Year 9	Year 10	Year 11	Year 12
Date Selection Variable				YEAR81	
<u>DNA Informed Consent</u> Type of Consent Preparation of DNA from blood cells Transformation of blood cells to cell line Test of genes related to heart disease Test of genes related to other conditions Access to DNA by private companies Notify physician of potentially serious gene condition				CONTYP81 BCDNA81 BCLINE81 GENEHD81 GENEOT81 PRIVCO81 NOTIFY81	
<u>Other Study Data</u> Permission for use of study data Main study goals only CHS Researchers only Other Restrictions Specify Other Restrictions Send CHS Results to Doctors Partial consent for sending specified Access Medical Records Partial consent for access specified				STUDY81 GOALS81 CHS81 OTHRES81 OTHSPC81 SEND91 SENSPC81 MEDREC81 MEDSPC81	
Date of Interview Interviewer ID				INTDAT81 INTID81	

*This form administered for the first time in Year 11.

Calculated Variables

TRACKING/DEMOGRAPHIC VARIABLES	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
Age (corrected)	AGE	AGE	AGE	AGE	AGE	AGE	AGE
Enrollment date	INITDATE (VISDATE)				INITDATE		
Cohort				PERSTAT	PERSTAT	PERSTAT	PERSTAT
Season enrolled	SEASON				SEASON		
Year of study		YEAR	YEAR	YEAR	YEAR	YEAR	YEAR
Time since study entry		STDYTIME	STDYTIME	STDYTIME		STDYTIME	STDYTIME

TRACKING/DEMOGRAPHIC VARIABLES	Year 8	Year 9	Year 10	Year 11	Year 12
Age (corrected)	AGE	AGE	AGE	AGE	
Enrollment date					
Cohort	PERSTAT	PERSTAT	PERSTAT	PERSTAT	
Season enrolled					
Year of study	YEAR	YEAR	YEAR	YEAR	
Time since study entry	STDYTIME				

Medical History Form
(Records 07,29,37,39,57,59)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
Date selection variable	DATE07	DATE37	DATE39	KDATE29	KDATE57	YEAR59	YEAR59
Self or Interviewer-administered survey Completed by: participant or proxy			ADMIN39	ADMIN29	ADMIN57	ADMIN59	ADMIN59
Interviewer or Reviewer	INTID07	INTID37	INTID39	INTID29	INTID57	INTID59	INTID59
Interview Date	INTDAT07	INTDAT37	INTDAT39	INTDAT29	INTDAT57	INTDAT59	INTDAT59
<u>EVENTS</u> Has a dr ever told you that you had .....a (new) MI (a new incident of) CHF (a new incident of) Angina (a new incident of) Claudication a (new) stroke a (new) TIA	MI07 HRTFLR07 ANGINA07 CLAUD07 STK22 TIA22	MI37 CHF37 ANG37 CLD37 STK37 TIA37	NEWM39 NEWCHF39 NEWANG39 NEWCLD39 NEWSTK39 NEWTIA39	NEWM29 NEWCHF29 NEWANG29 NEWCLD29 NEWSTK29 NEWTIA29	MI57 CHF57 ANGINA57 CLD57 STK22 TIA22	NEWM59 NEWCHF59 NEWANG59 NEWCLD59 NEWSTK59 NEWTIA59	NEWM59 NEWCHF59 NEWANG59 NEWCLD59 NEWSTK59 NEWTIA59
<u>ARIC CHF Q's:</u> Have you ever ... had to sleep on >= 2 pillows awakened at night by trouble breath. had swelling of your feet or ankles come during day and go at night?	PILLOW07 AWAKEN07 SWELL07 CMDAY07	PILLOW37 AWAKEN37 SWELL37 CMDAY37	PILLOW39 AWAKEN39 SWELL39 CMDAY39	PILLOW29 AWAKEN29 SWELL29 CMDAY29	PILLOW57 AWAKEN57 SWELL57 CMDAY57	PILLOW56 WKTRBR56 SWELL59 CMDAY59	PILLOW59 GSPCHK59 SWELL59 CMDAY59

Question	Baseline	Medical History Form (cont.)			AA Cohort Baseline	Year 6	Year 7
		Year 3	Year 4	Year 5			
<u>During the last 30 days, did you...</u> Start taking any medication? What medication? Stop taking any medication? What medication? Change the dosage of any medication? What medication? Did the dosage increase/decrease?					STARTM57 START157... STOPM57 MED1N57...		STMED59 STPMED59 CHDOSE59 DOSNM159.. . DOSE159

Question	Year 8	Year 9	Year 10	Year 11	Year 12
Date selection variable	YEAR59	YEAR59	YEAR59	YEAR59	
Self or Interviewer-administered Completed by: participant or proxy	ADMIN59	ADMIN59	ADMIN59 DATACL59	ADMIN59 DATACL59	
Interviewer or Reviewer	INTID59	INTID59	INTID59	INTID59	
Interview Date	INTDAT59	INTDAT59	INTDAT59	INTDAT59	
<u>EVENTS</u> Has a dr ever told you that you had a (new) MI (a new incident of) CHF (a new incident of) Angin (a new incident of) Claudication? a (new) stroke a (new) TIA	NEWMI59 NEWCHF59 NEWANG59 NEWCLD59 NEWSTK59 NEWTIA59	NEWMI59 NEWCHF59 NEWANG59 NEWCLD59 NEWSTK59 NEWTIA59	NEWMI59 NEWCHF59 NEWANG59 NEWCLD59 NEWSTK59 NEWTIA59	NEWMI59 NEWCHF59 NEWANG59 NEWCLD59 NEWSTK59 NEWTIA59	

Medical History Form (cont.)

Question	Year 8	Year 9	Year 10	Year 11	Year 12
<u>ARIC CHF Q's</u> Have you ever ... had to sleep on \geq 2 pillows awakened at night by trouble breath. had swelling of feet or ankles come during day and go at night?	PILLOW59 GSPCHK59	PILLOW59 GSPCHK59	PILLOW59 GSPCHK59	PILLOW59 GSPCHK59 SWELL59 CMDAY59	
<u>During the last 30 days, did you...</u> Start taking any medication? What medication? Stop taking any medication? What medication? Change the dosage of any medication? What medication(s)? Did the dosage increase/decrease?	STMED59 STNAM59 STPMED59 STPNAM59 CHDOSE59 DOSNM159... DOSE159	STMED59 STNAM59 STPMED59 STPNAM59 CHDOSE59 DOSNM159.. DOSE159	STMED59 STNAM59 STPMED59 STPNAM59 CHDOSE59 DOSNM159.. DOSE159	STMED59 STNAM59 STPMED59 STPNAM59 CHDOSE59 DOSNM159... DOSE159	

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
Take any aspirin in last two weeks? On how many days?	ASPR06 DAYASP06	ASPR06 DAYASP06	ASPR06 DAYASP06	ASPR06 DAYASP06	ASPR06 DAYASP06	ASPR59 DAYASP59	ASPR59 DAYASP59
Did you take aspirin for ... Headache? Arthritis? Cardiovascular protection? Other body aches/pains							

Medical History Form (cont.)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
<u>Rose Int. Claudication Questionnaire</u>							
Pain in either leg on walking	LEGWLK07	LEGWLK37	LEGWLK39	LEGWLK29	LEGWLK57	LEGWLK59	LEGWLK59
when standing or sitting	SIT07	SIT37	SIT39	SIT29	SIT57	SIT59	SIT59
in calf or calves	CALF07	CALF37	CALF39	CALF29	CALF57	CALF59	CALF59
walking uphill or hurrying	WLKHRY07	WLKHRY37	WLKHRY39	WLKHRY29	WLKHRY57	WLKHRY59	WLKHRY59
walking, ordinary pace on the level	LEGPC07	LEGPC37	LEGPC39	LEGPC29	LEGPC57	LEGPC59	LEGPC59
Pain ever disappear while walking	LGDIS07	LGDIS37	LGDIS39	LGDIS29	LGDIS57	LGDIS59	LGDIS59
Do what if pain while walking	LEGDO07	LEGDO37	LEGDO39	LEGDO29	LEGDO57	LEGDO59	LEGDO59
If you stand still what happens to pain	LEGSTD07	LEGSTD37	LEGSTD39	LEGSTD29	LEGSTD57	LEGSTD59	LEGSTD59
If relieved, how soon	LEGSNO07						
Were you hospitalized for this problem	LEGHSP07		FARWLK39		LEGHOS57		
How far can you walk before pain							
<u>Medical Conditions and Procedures</u>							
Dr told you that you have... **							
rheumatic heart or valve prob.							
ever been told	VALVE07			RHFEV29	RHEUM57	RHFEV59	RHFEV59
told since last year		VALVE37		RHFEV29		RHFEV59	RHFEV59

**Questions were worded differently in different years: "Has a doctor ever told you that you have..."

(See forms)

"Since we saw you last year has a doctor told you that you have..."

"Were you ever told that you have...if so when were you first told..."

Medical History Form (cont.)

Question	Year 8	Year 9	Year 10	Year 11	Year 12
Take any aspirin in last two weeks? On how many days?	ASPR59 DAYASP59	ASPR59 DAYASP59	ASPR59 DAYASP59	ASPR59 DAYASP59	
Did you take aspirin for ... Headache? Arthritis? Cardiovascular protection? Other body aches/pains			ASPHD59 ASPART59 ASPCPP59 ASPOTH59	ASPHD59 ASPART59 ASPCPP59 ASPOTH59	
<u>Rose Int. Claudication Questionnaire</u> Pain in either leg on walking when standing or sitting in calf or calves walking uphill or hurrying walking, ordinary pace on the level Pain ever disappear while walking Do what if pain while walking If you stand still what happens to pain If relieved, how soon Were you hospitalized for this problem How far can you walk before pain				LEGWLK59 SIT59 CALF59 WLKHRY59 LEGPC59 LGDIS59 LEGDO59 LEGSTD59	
<u>Medical Conditions and Procedures</u> Dr told you that you have... **					
rheumatic heart or valve prob. ever been told told since last year	RHFEV59 RHFEV59	RHFEV59 RHFEV59	RHFEV59 RHFEV59	RHFEV59 RHFEV59	

** Questions were worded differently in different years: "Has a doctor ever told you that you have..."

(See forms)

"Since we saw you last year has a doctor told you that you have..."

Medical History Form (cont.)

“Were you ever told that you have...if so when were you first told...”

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
High Blood Pressure: ever been told told since last year age first told treated for high BP treated since last year currently treated years treated months treated (if tx'd < 1 year) stop taking BP meds why did you stop specify	BP07	BP37 BPAGE37 BPTRT37 BPTRL37 BPTRTC37 BPTRTY37 BPTRTM37 BPSTOP37 BPWHYS37 BPSPEC37	BP39	HIBP29 HIBP29 MEDBP29	BP57 BPAGE57 BPTRT57 BPTRTC57 BPTRTY57 BPTRTM57 BPSTOP57 BPWHY57 BPSPEC57	HIBP59 HIBP59 MEDBP59	HIBP59 HIBP59 MEDBP59
Diabetes: ever been told told since last year how long treated? how treated? other treatment specified when first told: month year	DIABET07	DIABET37	DIABET39	DIABET29 DIABET29 MEDDIA29	DIABET57 DIABET57 DIABYR57 MEDDIA57	DIABET59 DIABET59 MEDDIA59	DIABET59 DIABET59 MEDDIA59
Have you ever had ... Foot ulcers/ sores on feet High blood sugar Low Blood Sugar Fainting or passing out Eye problems							

Medical History Form (cont.)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
AFIB ever been told told since last year treated?	ATRFIB07	ATRFIB37		AFIB29 AFIB29 MEDAFB29	AFIB57 MEDAFB57	AFIB59 AFIB59 MEDAFB59	AFIB59 AFIB59 MEDAFB59

Question	Year 8	Year 9	Year 10	Year 11	Year 12
High Blood Pressur: ever been told told since last year age first told treated for high BP treated since last year currently treated years treated months treated (if tx'd < 1 year) stop taking BP meds why did you stop specify	HIBP59 HIBP59 MEDBP59	HIBP59 HIBP59 MEDBP59	HIBP59 HIBP59 MEDBP59	HIBP59 HIBP59 MEDBP59	
diabetes ever been told told since last year how long treated? how treated? other treatment specified when first told: month year	DIABET59 DIABET59 MEDDIA59	DIABET59 DIABET59 MEDDIA59	DIABET59 DIABET59 MEDDIA59	DIABET59 DIABET59 MEDDIA59 DIABTR59 DIABSP59 DIABMO59 DIABYR59	

Medical History Form (cont.)

Have you ever had ... Foot ulcers/ sores on feet High blood sugar Low Blood Sugar Fainting or passing out Eye problems				FOOTUL59 HIBSUG59 LOBSUG59 FAINT59 EYEPRB59			
AFIB ever been told told since last year treated?	AFIB59 AFIB59 MEDAFB59	AFIB59 AFIB59 MEDAFB59	AFIB59 AFIB59 MEDAFB59	AFIB59 AFIB59 MEDAFB59			
Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
pulmonary embolus (ever been told)	CLTLUN07				CLTLUN57		
deep vein thrombosis ever been told told since last year treated? symptoms experience in the past year frequently cold feet loss of hair on lower legs difficulty with wounds healing foot pain with walking	CLTLEG07	CLTLEG37		THROMB29 THROMB29 MEDBCL29	THROMB57 MEDTHR57	THROMB59 THROMB59 MEDBCL59	THROMB59 THROMB59 MEDBCL59
Dr said you had other heart/circ. probs. ever been told told since last year specify	CURCUL22 SPECUR22	CURCUL37 SPECUR37		OTHHRT29 OTHHSP29	CURCUL57 SPECUR57	OTHHRT59 OTHHSP59	OTHHRT59 OTHHSP59

Medical History Form (cont.)

Medical History Form (cont.)

Question	Year 8	Year 9	Year 10	Year 11	Year 12
pulmonary embolus (ever been told)					
<p>deep vein thrombosis ever been told told since last year treated?</p> <p>symptoms experience in the past year</p> <p>frequently cold feet loss of hair on lower legs difficulty with wounds healing foot pain with walking</p>	<p>THROMB59 THROMB59 MEDBCL59</p>	<p>THROMB59 THROMB59 MEDBCL59</p>	<p>THROMB59 THROMB59 MEDBCL59</p>	<p>THROMB59 THROMB59 MEDBCL59</p> <p>COLDFT59 HRLOSS59 HEAL59 FTPAIN59</p>	
<p>Dr said you had other heart/circ. probs.</p> <p>ever been told told since last year specify</p>	<p>OTHHRT59 OTHHSP59</p>	<p>OTHHRT59 OTHHSP59</p>	<p>OTHHRT59 OTHHSP59</p>	<p>OTHHRT59 OTHHSP59</p>	

Medical History Form (cont.)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
Have you ever had							
coronary bypass surgery	BPSSUR07				BPSSUR57		
other heart surgery	HRTSUR07				HRTSUR57		
carotid endarterectomy	CAROTI07				CAROTI57		
side (right/left)	SITE07				SITE57		
leg bypass surgery	ABTLEG07				ABTLEG57		
repair of aortic aneurysm	ANEURY07				ANEURY57		
pacemaker implant	IMPLAN07				IMPLAN57		
coronary artery angioplasty	CORART07				CORART57		
lower extremity angioplasty (ever)	EXTART07				EXTART57		
Other procedure to open arteries in legs in the last year					ANGOUT57		
Date of procedure: Month							
Day							
Year							
angiography (ever)				ANGIO29			
angiography in the last year?						ANGIO59	ANGIO59
Date of procedure: Month							
Day							
Year							

Medical History Form (cont.)

Question	Year 8	Year 9	Year 10	Year 11	Year 12
Have you ever had					
coronary bypass surgery					
other heart surgery					
carotid endarterectomy					
side (right/left)					
leg bypass surgery					
repair of aortic aneurysm					
pacemaker implant					
coronary artery angioplasty					
lower extremity angioplasty (ever)					
Other procedure to open arteries in					
legs?		OPNART59	OPNART59	OPNART59	
Date of procedure: Month		OPENMO59	OPENMO59	OPENMO59	
Day		OPENDA59	OPENDA59	OPENDA59	
Year		OPENYR59	OPENYR59	OPENYR59	
angiography (ever)	ANGIO59				
angiography in the last year?		ANGIO59	ANGIO59	ANGIO59	
Date of procedure: Month		ANGIMO59	ANGIMO59	ANGIMO59	
Day		ANGIDA59	ANGIDA59	ANGIDA59	
Year		ANGIYR59	ANGIYR59	ANGIYR59	

Medical History Form (cont.)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
<u>Parkinson's disease</u> ever been told currently being treated age when first told have Parkinson's Have trouble rising from a chair? Handwriting smaller than once was? Voice softer than once was? Poor balance? Feet freeze in doorways? Face less expressive? Arms or legs shake? Ever taken L-dopa or Sinemet?							
<u>Essential Tremor</u> Often have uncontrollable tremor? Other people say you have a tremor? Dr. diagnosed tremor? Tremor in hands or arms? Head shake uncontrollably							

Medical History Form (cont.)

Question	Year 8	Year 9	Year 10	Year 11	Year 12
<u>Parkinson's disease</u> Dr ever told you that you have... currently being treated age when first told have Parkinson's Have trouble rising from a chair? Handwriting smaller than once was? Voice softer than once was? Poor balance? Feet freeze in doorways? Face less expressive? Arms or legs shake? Ever taken L-dopa or Sinemet?				PARKMD59 PARKTR59 PARKAG59 RISING59 HANDWR59 VOICE59 BALANC59 FTFRZ59 LESSEX59 SHAKE59 LDOPA59	
<u>Essential Tremor</u> Often have uncontrollable tremor? Other people say you have a tremor? Dr. diagnosed tremor? Tremor in hands or arms? Head shake uncontrollably				TRMOFT59 TRMTEL59 TRMDGN59 TRMHND59 TRMHED59	

Medical History Form (cont.)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
Uncontrollable tremors anywhere else Nowhere else Right leg Left leg Voice Mouth or chin Chest or stomach Other Voice almost always tremble when talk Hand tremble when hold pen or write Hand shakes when drink or pour Hand shakes when hold fork Tremor make you spill when drink Hands tremble when button shirt							

Medical History Form (cont.)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
<u>Duke Activity Status Index (DASI)</u> Able to eat, dress, bathe, use toilet by yourself? Able to walk indoors? Able to walk on level ground? Able to climb stairs/walk uphill? Able to run short distance? Able to do light housework? Able to do moderate housework? Able to do heavy housework? Able to do yard work (i.e. raking)? Able to have sexual relations? Can participate in moderate recreational activities? Can participate in strenuous sports?							

Medical History Form (cont.)

Question	Year 8	Year 9	Year 10	Year 11	Year 12
Uncontrollable tremors anywhere else				TRMNWH59	
Nowhere else				TRMRLG59	
Right leg				TRMLLG59	
Left leg				TRMVOC59	
Voice				TRMMTH59	
Mouth or chin				TRMCHT59	
Chest or stomach				TRMOTH59	
Other				TRMBTK59	
Voice almost always tremble when talk				TRMBWR59	
Hand tremble when hold pen or write				TRMBPR59	
Hand shakes when drink or pour				TRMBFK59	
Hand shakes when hold fork				TRMBCP59	
Tremor make you spill when drink				TRMBBT59	
Hands tremble when button shirt					

Medical History Form (cont.)

<u>Duke Activity Status Index (DASI)</u> Able to eat, dress, bathe, use toilet by yourself? Able to walk indoors? Able to walk on level ground? Able to climb stairs/walk uphill? Able to run short distance? Able to do light housework? Able to do moderate housework? Able to do heavy housework? Able to do yard work (i.e. raking)? Able to have sexual relations? Can participate in moderate recreational activities? Can participate in strenuous sports?				SLFCAR59 INDOOR59 LEVEL59 CLIMB59 RUN59 LHWORK59 MHWORK59 9 HHWORK59 YDWORK59 SEXREL59 MODREC59 STREN59	
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Medical History Form (cont.)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
<u>Rose Angina Questions</u>							
Have you ever had pain in chest?	CHSTPN07	CHSTPN37	CHSTPN39	CHSTPN29	CHSTPN57	CHSTPN59	CHSTPN59
Get it when you walk uphill/hurry?	HURRY07	HURRY37	HURRY39	HURRY29	HURRY57	HURRY59	HURRY59
Get it when walking ordinary pace?	ORDPAC07	ORDPAC37	ORDPAC39	ORDPAC29	ORDPAC57	ORDPAC59	ORDPAC59
What you do if get it when walking	TODO07	TODO37	TODO39	TODO29	TODO57	TODO59	TODO59
If stand still, what happens to it?	STDSTL07	STDSTL37	STDSTL39	STDSTL29	STDSTL57	STDSTL59	STDSTL59
If relieved, how soon relieved?	SOON07						
Where you get this pain/discomfort	(STERNU07 STERNL07 CHEST07 ARM07 OTHER07 SPECW07)	(STERNU37 STERNL37 CHEST37 ARM37 OTHER37 SPECW37) PAIN37	(STERNU39 STERNL39 CHEST39 ARM39 OTHER39 SPECW39) PAINNO39 SEVER39 PAIND37	(STERNU29 STERNL29 CHEST29 ARM29 OTHER29 SPECW29) PASTWK29 PAINNO29 SEVER29 PAINDR29	(STERNU57 STERNL57 CHEST57 ARM57 OTHER57 SPECW57) PASTWK57 PAINNO57 SEVER57 PAINDR57	(STERNU59 STERNL59 CHEST59 ARM59 OTHER59 SPECW59) PASTWK59 PAINNO59 SEVER59 PAINDR59	(STERNU59 STERNL59 CHEST59 ARM59 OTHER59 SPECW59) PASTWK59 PAINNO59 SEVER59 PAINDR59
Pain ever occur b/f last year/past 2 wk							
# of times pain past 2 weeks							
Pain increase in severity?							
Seen doctor about this pain?	CHTPN07	CHTPN37	CHTPN39	CHTPN29	CHTPN57	CHTPN59	CHTPN59
Ever had pain across chest > .5 hour?	CHTDR07	CHTDR37	CHTDR39	CHTDR29	CHTDR57	CHTDR59	CHTDR59
See a doctor b/c of this pain?	CHTDRS07	CHTDRS37	CHTDRS39	CHTDRS29	CHTDRS57	CHTDRS59	CHTDRS59
What did doctor say it was?	SPECCP07	SPECCP37	SPECCP39	CHSPEC29	CHSPEC57	SPECCP59	SPECCP59
Specify other							
<u>LUNG AILMENTS</u>							
Have you (ever) had...							
attacks of bronchitis?	BRN07	BRN37		BRONCH29	BRN57	BRONCH59	BRONCH59
was it confirmed by a doctor?	BRNDR07	BRNDR37		BRNDR29	BRNDR57	BRNDR59	BRNDR59
at what age was your first attack?	BRNT07				BRNAG57		

Medical History Form (cont.)

Question	Year 8	Year 9	Year 10	Year 11	Year 12
<u>Rose Angina Questions</u> Have you ever had pain in chest? Get it when you walk uphill/hurry? Get it when walking ordinary pace? What you do if get it when walking If stand still, what happens to it? If relieved, how soon relieved? Where you get this pain/discomfort Pain ever occur b/f last year/past 2 wk # of times pain past 2 weeks Pain increase in severity? Seen doctor about this pain? Ever had pain across chest > .5 hour? See a doctor b/c of this pain? What did doctor say it was? Specify other				CHSTPN59 HURRY59 ORDPAC59 TODO59 STDSTL59 (STERNU59 STERNL59 CHEST59 ARM59 OTHER59 SPECW59) PASTWK59 PAINNO59 SEVER59 PAINDR59 CHTPN59 CHTDR59 CHTDRS59 CHSPEC59	
<u>LUNG AILMENTS</u> Have you (ever) had... attacks of bronchitis? was it confirmed by a doctor? at what age was your first attack?	BRONCH59 BRNDR59	BRONCH59 BRNDR59	BRONCH59 BRNDR59	BRONCH59 BRNDR59	

Medical History Form (cont.)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
chronic bronchitis? do you still have it? was it confirmed by a doctor? at what age did it start?	CRNC07 BRNCHV07 BRNCDR07 CRNCT07	CRNC37			CBRN57 CBRNHV57 CBRNDR57 CBRNAG57		
pneumonia? was it confirmed by a doctor? at what age was your first attack?	PNE07 PNEDR07 PNET07	PNE37		PNEU29	PNE57 PNEDR57 PNEAGE57	PNEU59	PNEU59
hay fever? was it confirmed by a doctor? at what age was your first attack?	HAY07 HAYDR07 HAYT07				HAY57 HAYDR57 HAYAG57	HAYFEV56	
emphysema do you still have it? was it confirmed by a doctor? at what age did it start?	EPH07 EPHH07 EPHDR07 EPHT07	EPH37			EMPH57 EMPHH57 EMPHDR57 EMPHAG57		
asthma? do you still have it? was it confirmed by a doctor? at what age did it start? ...at what age did it stop?	ATH07 ATHH07 ATHDR07 ATHT07 ATHST07	ATH37			ASTH57 ASTHH57 ASTHDR57 ASTHAG57 ASTHST57	ASTHMA56 ASSTIL56 ASDR56 ASLAST56 ASSTOP56	
any other chest illness? if yes, please specify	ILL07 ILLSPC07				CHILL57 CHILSP57		
any chest operations? if yes, please specify	OPT07 OPTSPC07				CHOP57 CHOPSP57		
any chest injuries? if yes please specify	INJ07 INJSPC07				CHINJ57 CHINSP57		

Medical History Form (cont.)

Question	Year 8	Year 9	Year 10	Year 11	Year 12
chronic bronchitis? do you still have it? was it confirmed by a doctor? at what age did it start?					
pneumonia? was it confirmed by a doctor? at what age was your first attack?	PNEU59	PNEU59	PNEU59	PNEU59	
hay fever? was it confirmed by a doctor? at what age was your first attack?					
emphysema do you still have it? was it confirmed by a doctor? at what age did it start?			EMPHYS59	EMPHYS59	
asthma? do you still have it? was it confirmed by a doctor? at what age did it start? ...at what age did it stop?			ASTHMA59	ASTHMA59	
any other chest illness? if yes, please specify					
any chest operations? if yes, please specify					
any chest injuries? if yes please specify					

Medical History Form (cont.)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
<u>LUNG AILMENTS (continued)</u> Do you usually have a cough? 4-6 times a day, 4+ days per week? first thing in the morning? during the rest of the day or at night? on most days for 3+ consec. months.? for how many years?	COUGH07 COUGHN07 CHGGET07 CGHDAY07 CGHMON07 CGHYR07	COUGH37 CGHMON37			COUGH57 CGHMCH57 CGHGET57 CGHDAY57 CGHMON57 CGHYR57	COUGH56 CGH4656 CGHMRN56 CGHDAY56 CGHMST56 CGHYRS56	
Do you usually bring up phlegm? twice a day or 4+ days per week? when you get up or first thing ...? at all during rest of day or at night? on most days for 3+ consec months..? for how many years...?	PHL07 PHLN07 PHLG07 PHLR07 PHLF07 PHLL07	PHL37 PHLF37			PHL57 PHLMCH57 PHLGET57 PHLDAY57 PHLMON57 PHLYR57	PHLEGM56 PHL4656 PHLMRN56 PHLDAY56 PHLMST56 PHLYRS56	
chest sound wheezy when have a cold? apart from colds? most days and nights? for how many years? ever made you feel short of breath? how old when you had first attack? have you had 2+ episodes? ever required med. or tx for attacks?	WZYD07 WZYA07 WZYDN07 WZYL07 WZYBR07 WZYAT07 WZYAF07 WZYAM07	WZYD37 WZYA37 WZYDN37 WZYAM37			WZCOLD57 WZNOC57 WZDN57 WZYR57 WZBR57 WZAG57 WZMULT57 WZMED57	WHZCLD59 WHZAPT59 WHZDN59 WHZYRS59 WHZSB59 WHZAGE59 WHZTWO59 WHZMED59	

Medical History Form (cont.)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
Troubled by shortness of breath....? walk slower than people your age...? have to stop walking at own pace...? have to stop after walking 100 yds...? too breathless to leave house, dress...?	BRTSHT07 BRTWLK07 BRTSTP07 BRTHRD07 BRTDRS07	BRTSHT37 BRTWLK37 BRTSTP37 BRTHRD37 BRTDRS37	BRTSHT39 BRTWLK39 BRTSTP39 BRTHRD39 BRTDRS39		SBHUR57 WLKSLO57 STOPBR57 STP10057 VLHOUS57		

Medical History Form (cont.)

Question	Year 8	Year 9	Year 10	Year 11	Year 12
<u>LUNG AILMENTS (continued)</u> Do you usually have a cough? 4-6 times a day, 4+ days per week? first thing in the morning? during the rest of the day or at night? on most days for 3+ consec. months.? for how many years?					
Do you usually bring up phlegm? twice a day or 4+ days per week? when you get up or first thing ...? at all during rest of day or at night? on most days for 3+ consec months..? for how many years...?					
chest sound wheezy when have a cold? apart from colds? most days and nights? for how many years? ever made you feel short of breath? how old when you had first attack? have you had 2+ episodes? ever required med. or tx for attacks?					

Medical History Form (cont.)

Question	Year 8	Year 9	Year 10	Year 11	Year 12
Troubled by shortness of breath....? walk slower than people your age...? have to stop walking at own pace...? have to stop after walking 100 yds...? too breathless to leave house, dress,...?					

Medical History Form (cont.)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
Get short of breath ... Resting in a chair? Walking on level ground? Walking quickly or uphill? W/light physical activity? W/moderate physical activity? W/strenuous physical activity?			BRTCHR39 BRTLVL39 BRTQIK39 BRTLTL39 BRTMOD39 BRTSTR39	SBREST29 SBWKLV29 SBWKUP29 SBLACT29 SBMACT29 SBSACT29	SBREST57 SBWKLV57 SBWKUP57 SBLACT57 SBMACT57 SBSACT57	SBCHR56 SBWKLV56 SBWKQ56 SBLGHT56 SBMOD56 SBSTRN56	
Have you had a cold, the flu, a dental infection or other infections in the last two weeks?						INFTWO59	INFTWO59
Have you had a cold, the flu, a dental infection or other infections in the last week?						INFWK59	INFWK59
Do you have seasonal allergies? Above symptoms due to allergies? Chronic lung or sinus condition?						SEASAL59 SYMPAL59 CHRLNG59	
<u>During last year, have you:</u> injured your head? injured your neck? Had a flu shot? Had a shot to prevent pneumonia? Been prescribed nitroglycerin? If yes, specify reason.	FLUSH06 PNEUSH06 NITRO06	FLUSH06 PNEUSH06 NITRO06	FLUSH06 PNEUSH06 NITRO06	FLUSH06 PNEUSH06 NITRO06	FLUSH06 PNEUSH06 NITRO06	INJHD59 INJNCK59 FLUSH59 PNEUSH59 NITRO59	INJHD59 INJNCK59 FLUSH59 PNEUSH59 NITRO59

Medical History Form (cont.)

Question	Year 8	Year 9	Year 10	Year 11	Year 12
Get short of breath ... Resting in a chair? Walking on level ground? Walking quickly or uphill? W/light physical activity? W/moderate physical activity? W/strenuous physical activity?					
Have you had a cold, the flu, a dental infection or other infections in the last two weeks?	INFTWO59	INFTWO59	INFTWO59	INFTWO59	
Have you had a cold, the flu, a dental infection or oth. infect. in the last wk?					
Do you have seasonal allergies? Above symptoms due to allergies? Chronic lung or sinus condition?					
<u>During last year, have you:</u> injured your head? injured your neck? Had a flu shot? Had a shot to prevent pneumonia? Been prescribed nitroglycerin? If yes, specify reason.	INJHD59 INJNCK59 FLUSH59 PNEUSH59 NITRO59	INJHD59 INJNCK59 FLUSH59 PNEUSH59 NITRO59 NITSPC59	INJHD59 INJNCK59 FLUSH59 PNEUSH59 NITRO59 NITSPC59	INJHD59 INJNCK59 FLUSH59 PNEUSH39 NITRO59 NITSPC59	

Medical History Form (cont.)

Question	Year 8	Year 9	Year 10	Year 11	Year 12
Have you ever fainted? since the beginning of the CHS study during the last year If yes, what month? what year?		FAINT59 FNTMO59 FNTYR59	FAINT59 FNTMO59 FNTYR59	FAINT59 FNTMO59 FNTYR59	

Medical History Form (cont.)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
<u>Symptoms during last two weeks:</u>							
Sore throat						SORTHR59	SORTHR59
Cough						COUGH59	COUGH59
Sputum or mucous						MUCOUS59	MUCOUS59
Runny nose or congestion						CONGST59	CONGST59
Pain on urination						PNURIN59	PNURIN59
Cloudy or discolored urine						CLURIN59	CLURIN59
Tests showing a urine infection						URINF59	URINF59
Other infection						OTHINF59	OTHINF59
Other, specify						OTHSPC59	OTHSPC59
Breathless or short of breath?	B RTP07				B RTP57		
increase of frequency/severity?	B RTI07				B RTI57		
Palpitations?	PALPIP07				PALPIP57		
increase of frequency/severity?	PALPII07				PALPII57		
Dizzy?	DIZZYP07				DIZZYP57		
increase of frequency/severity?	DIZZYI07				DIZZYI57		
Fatigued?	FATIGP07				FATIGP57		
increase of frequency/severity?	FATIGI07				FATIGI57		
Weak?	WEAKP07				WEAKP57		
increase of frequency/severity?	WEAKI07				WEAKI57		
Nauseous?	NAUSEP07				NAUSEP57		
increase of frequency/severity?	NAUSEI07				NAUSEI57		
Indigestion?	INDIGP07				INDIGP57		
increase of frequency/severity?	INDIGI07				INDIGI57		
Chest pain?	CHESTP07						
increase of frequency/severity?	CHESTI07						
Upper abdominal pain?	ABDOMP07				ABDOMP57		
increase of frequency/severity?	ABDOMI07				ABDOMI57		
Fever?	FEVERP07				FEVERP57	FEVER59	FEVER59

Medical History Form (cont.)

Question	Year 8	Year 9	Year 10	Year 11	Year 12
<u>Symptoms during last two weeks:</u>					
Sore throat	SORTHR59	SORTHR59	SORTHR59	SORTHR59	
Cough	COUGH59	COUGH59	COUGH59	COUGH59	
Sputum or mucous	MUCOUS59	MUCOUS59	MUCOUS59	MUCOUS59	
Runny nose or congestion	CONGST59	CONGST59	CONGST59	CONGST59	
Pain on urination	PNURIN59	PNURIN59	PNURIN59	PNURIN59	
Cloudy or discolored urine	CLURIN59	CLURIN59	CLURIN59	CLURIN59	
Tests showing a urine infection	URINF59	URINF59	URINF59	URINF59	
Other infection	OTHINF59	OTHINF59	OTHINF59	OTHINF59	
Other, specify	OTHSPC59	OTHSPC59	OTHSPC59	OTHSPC59	
Breathless or short of breath?					
increase of frequency/severity?					
Palpitations?					
increase of frequency/severity?					
Dizzy?					
increase of frequency/severity?					
Fatigued?					
increase of frequency/severity?					
Weak?					
increase of frequency/severity?					
Nauseous?					
increase of frequency/severity?					
Indigestion?					
increase of frequency/severity?					
Chest pain?					
increase of frequency/severity?					
Upper abdominal pain?					
increase of frequency/severity?					
Fever?	FEVER59	FEVER59	FEVER59	FEVER59	

Medical History Form (cont.)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
<u>Symptoms during last two weeks</u> <u>(continued):</u> Muscle aches? increase of frequency/severity? Diarrhea? increase of frequency/severity? Seen a physician?	ACHESP07 ACHESI07 DIARRP07 DIARRI07 SEEDR07				ACHESP57 ACHESI57 DIARRP57 DIARRI57 SEEDR57		

Question	Year 8	Year 9	Year 10	Year 11	Year 12
<u>Symptoms during last two weeks</u> <u>(continued):</u> Muscle aches? increase of frequency/severity? Diarrhea? increase of frequency/severity? Seen a physician?	DIAREA59	DIAREA59	DIAREA59	DIAREA59	

Medical History Form (cont.)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
Told by a dr that you currently have....		ARTHHD37		ARTHND29	ARTHND57	ARTHND59	ARTHND59
Arthritis of hands or arms?		ARTSHD37		ARTSHD29	ARTSHD57	ARTSHD59	ARTSHD59
Arthritis of shoulder?		ARTHIP37		ARTHIP29	ARTHIP57	ARTHIP59	ARTHIP59
Arthritis of hips or knees?		HEAR37			HEAR57		
Hearing loss?		CATAR37			CATAR57		
Cataracts?		GLAUC037			GLAUC57		
Glaucoma?		RETINA37			RETINA57		
Diseases of the retina?		OSTEOP37		OSTEOP29	OSTEOP57	OSTEOP59	OSTEOP59
Osteoporosis?		PARKIN37			PARKIN57		
Parkinson's Disease?		DEMEN37			DEMEN57		
Dementia or Alzheimer's Disease?		NEUROL37			NEUROL57		
Other neurologic disease?		SPEC37			SPEC57		
Specify		DEPRESS37			DEPRESS57		
Depression?		LIVER37		LIVDIS29	LIVDIS57	LIVDIS59	LIVDIS59
Liver disease, cirrhosis or hepatitis?		KIDNEY37		KIDDIS29	KIDDIS57	KIDDIS59	KIDDIS59
Kidney disease or failure?	**	CANCER37		CANCER29	**	CANCER59	CANCER59
Cancer?		BREASE37		CANBRS29		CANBRS59	CANBRS59
Breast?		BLOOD37		CANBLD29		CANBLD59	CANBLD59
Blood, leukemia or lymphoma?		COLON37		CANCOL29		CANCOL59	CANCOL59
Colon or rectum?		LUNG37		CANLNG29		CANLNG59	CANLNG59
Lung?		MALIGN37		CANMML29		CANMML59	CANMML59
Malignant melanoma?		SKIN36		CANOSK29		CANOSK59	CANOSK59
Other skin cancer?		PROSTT37		CANPRO29		CANPRO59	CANPRO59
Prostate?		OTHCAN37		CANPAN29		CANPAN59	CANPAN59
Pancreas?		SPECCN37		CANESO29		CANESO59	CANESO59
Esophogeal?				CANOTH29		CANOTH59	CANOTH59
Other cancer?				CANOSP29		CANOSP59	CANOSP59
Specify							

** History of cancer in 5 years prior to Baseline ascertained on Eligibility Form (Record 01)

Medical History Form (cont.)

Question	Year 8	Year 9	Year 10	Year 11	Year 12
Told by a dr that you currently have....	ARTHND59	ARTHND59	ARTHND59	ARTHND59	
Arthritis of hands or arms?	ARTSHD59	ARTSHD59	ARTSHD59	ARTSHD59	
Arthritis of shoulder?	ARTHIP59	ARTHIP59	ARTHIP59	ARTHIP59	
Arthritis of hips or knees?					
Hearing loss?					
Cataracts?					
Glaucoma?					
Diseases of the retina?	OSTEOP59	OSTEOP59	OSTEOP59	OSTEOP59	
Osteoporosis?				**	
Parkinson's Disease?					
Dementia or Alzheimer's Disease?					
Other neurologic disease?					
Specify					
Depression?	LIVDIS59	LIVDIS59	LIVDIS59	LIVDIS59	
Liver disease, cirrhosis or hepatitis?	KIDDIS59	KIDDIS59	KIDDIS59	KIDDIS59	
Kidney disease or failure?	CANCER59	CANCER59	CANCER59	CANCER59	
Cancer?	CANBR559	CANBR559	CANBR559	CANBR559	
Breast?	CANBLD59	CANBLD59	CANBLD59	CANBLD59	
Blood, leukemia or lymphoma?	CANCOL59	CANCOL59	CANCOL59	CANCOL59	
Colon or rectum?	CANLNG59	CANLNG59	CANLNG59	CANLNG59	
Lung?	CANMML59	CANMML59	CANMML59	CANMML59	
Malignant melanoma?	CANOSK59	CANOSK59	CANOSK59	CANOSK59	
Other skin cancer?	CANPRO59	CANPRO59	CANPRO59	CANPRO59	
Prostate?	CANPAN59	CANPAN59	CANPAN59	CANPAN59	
Pancreas?	CANESO59	CANESO59	CANESO59	CANESO59	
Esophageal?	CANOTH59	CANOTH59	CANOTH59	CANOTH59	
Other cancer?	CANOSP59	CANOSP59	CANOSP59	CANOSP59	
Specify					

** See Medical Conditions and Procedures Section

Medical History Form (cont.)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
TX by dr in past yr for.....broken hip? Broken lower leg? Broken arm, wrist, or shoulder? Spine compression fracture? Other injury? Specify		BRKHIP37 BRKLEG37 BRKARM37 SPIN37 OTHINJ37 SPCINJ37		BRKHIP29 BRKLEG29 BRKARM29 BRKSPN29 OTHINJ29 SPCINJ29	BRKHIP57 BRKLEG57 BRKARM57 BRKSPN57 OTHINJ57 SPCINJ57	BRKHIP59 BRKLEG59 BRKARM59 BRKSPN59 OTHINJ59 SPCINJ59	BRKHIP59 BRKLEG59 BRKARM59 BRKSPN59 OTHINJ59 SPCINJ59
Arthritis treated w/medication? Arthritis surgery on one/both knee(s)? Arthritis surgery on hip? Arthritis surgery on other body part? Specify		ARTTRT37 ARTSUR37 ARTSUH37 ARTSUA37 ARTSPE37		ARTTRT29	ARTTRT57 ARTSUR57 ARTSUH57 ARTSUA57 ARTSPE57	ARTTRT59	ARTTRT59
Pain in any bones/joints in last year....? Hands Feet Knees Hips Neck Back Shoulders Other Specify		JOINT37 HANDS37 FEET37 KNEES37 HIPS37 NECK37 BACK37 SHOUL37 OTHERS37 SPJION37		PNBONE29 PNHAND29 PNFEET29 PNKNEE29 PNHIPS29 PNNECK29 PNBACK29 PHSHLD29 PNOTHR29 PNOSPC29	PNBONE57 PNHAND57 PNFEET57 PNKNEE57 PNHIPS57 PNNECK57 PNBACK57 PHSHLD57 PNOTHR57 PNOSPC57	PNBONE59 PNHAND59 PNFEET59 PNKNEE59 PNHIPS59 PNNECK59 PNBACK59 PHSHLD59 PNOTHR59 PNOSPC59	PNBONE59 PNHAND59 PNFEET59 PNKNEE59 PNHIPS59 PNNECK59 PNBACK59 PHSHLD59 PNOTHR59 PNOSPC59

Medical History Form (cont.)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
Lost control of urine? How often? Wake to urinate 3+ times/wk? How long can you wait, if have urge?		URINE37		URINE29 WKURIN29	URINE58* WKURIN58*	URINE59 URFREQ59 WKURIN59 URLONG59	
Sudden dizziness? Had a fall? How many times?		GROUND37 FALLEN37		DIZZY29 FALL29 TIMFAL29	FALL58* TIMFAL58	DIZZY59 FALL59 TIMFAL59	DIZZY59 FALL59 TIMFAL59

*Some baseline responses were combined

Question	Year 8	Year 9	Year 10	Year 11	Year 12
TX by dr in past year for...Broken hip? Broken lower leg? Broken arm, wrist, or shoulder? Spine compression fracture? Other injury? Specify	BRKHIP59 BRKLEG59 BRKARM59 BRKSPN59 OTHINJ59 SPCINJ59	BRKHIP59 BRKLEG59 BRKARM59 BRKSPN59 OTHINJ59 SPCINJ59	BRKHIP59 BRKLEG59 BRKARM59 BRKSPN59 OTHINJ59 SPCINJ59	BRKHIP59 BRKLEG59 BRKARM59 BRKSPN59 OTHINJ59 SPCINJ59	
Arthritis treated w/medication? Arthritis surgery on one/both knee(s)? Arthritis surgery on hip? Arthritis surgery on other body part? Specify	ARTTRT59	ARTTRT59	ARTTRT59	ARTTRT59	

Medical History Form (cont.)

Question	Year 8	Year 9	Year 10	Year 11	Year 12
Pain in any bones/joints in last year....?	PNBONE59	PNBONE59	PNBONE59	PNBONE59	
Hands	PNHAND59	PNHAND59	PNHAND59	PNHAND59	
Feet	PNFEET59	PNFEET59	PNFEET59	PNFEET59	
Knees	PNKNEE59	PNKNEE59	PNKNEE59	PNKNEE59	
Hips	PNHIPS59	PNHIPS59	PNHIPS59	PNHIPS59	
Neck	PNNECK59	PNNECK59	PNNECK59	PNNECK59	
Back	PNBACK59	PNBACK59	PNBACK59	PNBACK59	
Shoulders	PHSHLD59	PHSHLD59	PHSHLD59	PHSHLD59	
Other	PNOTHR59	PNOTHR59	PNOTHR59	PNOTHR59	
Specify	PNOSPC59	PNOSPC59	PNOSPC59	PNOSPC59	
Lost control of urine?					
How often?					
Wake to urinate 3+ times/wk?					
How long can you wait, if have urge?					
Sudden dizziness?	DIZZY59	DIZZY59	DIZZY59	DIZZY59	
Had a fall?	FALL59	FALL59	FALL59	FALL59	
How many times?	TIMFAL59	TIMFAL59	TIMFAL59	TIMFAL59	

Medical History Form (cont.)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
<u>MISCELLANEOUS</u> Overnight in hospital in last 6 mos? Reason (up to five) (For date variables, see corr. schema)		HPSTAY37	ADMIT39 RSHOP139 through RSHOP539	HOSPTL29 RSHOS129 through RSHOS229		HOSPTL59 RSHOS159 through RSHOS259	HOSPTL59 RSHOS159 through RSHOS259
Overnight - nursing home past 6 mos? Reason (up to five) (For date variables, see corresponding schema)		NHSTAY37	NURSHM39 RSNUR139 through RSNUR539	NURSHM29 RSNURS29		NURSHM59 RSNURS59	NURSHM59 RSNURS59
Currently staying in a nursing home?				CURNUR29		CURNUR59	CURNUR59
Have you received any home health care in the last six months? If yes, what type Physical therapy Occupational therapy Nursing care Other specify							

Medical History Form (cont.)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
Where do you usually go for med care? When you want to see a doctor, do you usually... Do you see the same doctor every visit? If you develop a new illness/symptom and need an appointment, how soon are you able to be seen? Do you have a doctor (or doc assistant) you can talk to by phone?						MEDCAR59 SEEDOC59 SAMDOC59 SOONDR59 HAVDOC59	

Question	Year 8	Year 9	Year 10	Year 11	Year 12
<u>MISCELLANEOUS</u> Overnight in hospital in last 6 mos? Reason (up to five) (For date variables, see corresponding schema)	HOSPTL59 RSHOS159 through RSHOS259	HOSPTL59 RSHOS159 through RSHOS259	HOSPTL59 RSHOS159 through RSHOS259	HOSPTL59 RSHOS159 through RSHOS259	
Overnight - nursing home past 6 mos? Reason (up to five) (For date variables, see corresponding schema)	NURSHM59 RSNURS59	NURSHM59 RSNURS59	NURSHM59 RSNURS59	NURSHM59 RSNURS59	

Medical History Form (cont.)

Question	Year 8	Year 9	Year 10	Year 11	Year 12
Currently staying in a nursing home?	CURNUR59	CURNUR59	CURNUR59	CURNUR59	
Have you received any home health care in the last six months? If yes, what type Physical therapy Occupational therapy Nursing care Other specify	HMHLTH59 PT59 OT59 NURCAR59 OTHCAR59 CARSPC59	HMHLTH59 PT59 OT59 NURCAR59 OTHCAR59 CARSPC59	HMHLTH59 PT59 OT59 NURCAR59 OTHCAR59 CARSPC59	HMHLTH59 PT59 OT59 NURCAR59 OTHCAR59 CARSPC59	
Where do you usually go for med care? When you want to see a doctor, do you usually... Do you see the same doctor every visit? If you develop a new illness/symptom, how soon are you able to be seen? Do you have a doctor (or doc assistant) you can talk to by phone?		MEDCAR59 SEEDOC59 SAMDOC59 SOONDR59 HAVDOC59			

Medical History Form (cont.)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
<u>MISCELLANEOUS (continued)</u> How much did each of the following affect your ability to see a doctor in the past year? Not having a regular doctor Taking care of others Difficulty finding transportation Doctor/Clinic/Hospital bills Work responsibilities Fearful for safety on streets Fear that doctor will perform unnecessary tests Fear that doctor will discover a serious illness Doctor unresponsive to concerns						NOTHAV59 TAKCAR59 DIFTRN59 DRBILL59 WRKRSP59 SAFETY59 TESTS59 SERILL59 NTRESP59	
Do you have any of the following types of health insurance in addition to Medicare? Other, specify:						ADDINS59 INSSPC59	ADDINS59 INSSPC59
Requested advice from doctor regarding cholesterol? Why? Specify other.		ADVDOC37 ADVWHY37 SPCADV37					

Medical History Form (cont.)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
Ever had cholesterol measured? Had cholesterol meas'd since last year? Where? Specify other Why? Specify other		CHOLM37 MEASWE37 SPCWHE37 MEASWH37 SPCWHY37			CHOLMS58 CHOLWH58 CHLWHY58		
Question	Year 8	Year 9	Year 10	Year 11	Year 12		
<u>MISCELLANEOUS (continued)</u> How much did each of the following affect your ability to see a doctor in the past year? Not having a regular doctor Taking care of others Difficulty finding transportation Doctor/Clinic/Hospital bills Work responsibilities Fearful for safety on streets Fear that doctor will perform unnecessary tests Fear that doctor will discover a serious illness Doctor unresponsive to concerns		NOTHAV59 TAKCAR59 DDIFTRN59 DRBILL59 WRKRSP59 SAFETY59 TESTS59 SERILL59 NTRESP59					
Do you have any of the following types of health insurance in addition to Medicare? Other, specify:		ADDINS59 INSSPC59	ADDINS59 INSSPC59	ADDINS59 INSSPC59			

Medical History Form (cont.)

Question	Year 8	Year 9	Year 10	Year 11	Year 12
Requested advice from doctor regarding cholesterol? Why? Specify other.					
Ever had cholesterol measured? Had cholesterol meas'd since last year? Where? Specify other Why? Specify other					

Medical History Form (cont.)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
<u>Health Questions</u>							
How would you say... your health is	HEALT01	HLTH137		HLTH129	HEALT01	HLTH159	HLTH159
Compared to others of same age?	RLHLTH01	HLTH237		HLTH229	RLHLTH01	HLTH259	
Compared to six months ago?		HLTH337					
Days in bed due to illness/injury?	BED01	BED137	BED139	BED29	BED01	BED59	BED59
What caused you to stay in bed?	ILL01	CAUSE137	CAUSE139		ILL01		
Specify other.	ILLSPC01	SPEC137	SPEC139		ILLSPC01		

Medical History Form (cont.)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
<p><u>Loyola Generativity Scale</u></p> <p>To what extent does this describe you?</p> <p>Try to pass on my knowledge</p> <p>Feel others don't need me</p> <p>Would like work of a teacher</p> <p>Feel I've made a difference to many</p> <p>Do not volunteer for charity</p> <p>Made things that impacted on others</p> <p>Try to be creative</p> <p>I will be remembered when I die</p> <p>Society not responsible for homeless</p> <p>Others say I've made unique contrib</p> <p>Have important skills to teach others</p> <p>Haven't done anything that will</p> <p>survive when I die</p> <p>My actions don't have postive</p> <p>effect on others</p> <p>Done nothing to contribute to others</p> <p>Made many commitments</p> <p>Others say I am productive</p> <p>Responsibility to improve my</p>							

Medical History Form (cont.)

Question	Year 8	Year 9	Year 10	Year 11	Year 12
<u>Health Questions</u>					
How would you say... your health is	HLTH159	HLTH159	HLTH159	HLTH159	
Compared to others of same age?					
Compared to six months ago?					
Days in bed due to illness/injury?	BED59	BED59	BED59	BED59	
What caused you to stay in bed?					
Specify other.					

Medical History Form (cont.)

Question	Year 8	Year 9	Year 10	Year 11	Year 12
<p><u>Loyola Generativity Scale</u></p> <p>To what extent does this describe you?</p> <p>Try to pass on my knowledge</p> <p>Feel others don't need me</p> <p>Would like work of a teacher</p> <p>Feel I've made a difference to many</p> <p>Do not volunteer for charity</p> <p>Made things that impacted on others</p> <p>Try to be creative</p> <p>I will be remembered when I die</p> <p>Society not responsible for homeless</p> <p>Others say I've made unique contrib</p> <p>Have important skills to teach others</p> <p>Haven't done anything that will</p> <p>survive when I die</p> <p>My actions don't have postive</p> <p>effect on others</p> <p>Done nothing to contribute to others</p> <p>Made many commitments</p> <p>Others say I am productive</p> <p>Responsibility to improve my nbhd</p> <p>People come to me for advice</p>				<p>PASSKN59</p> <p>NTNEED59</p> <p>TEACHR59</p> <p>MADDIF59</p> <p>NTVOLN59</p> <p>IMPACT59</p> <p>CREATV59</p> <p>REMEMB59</p> <p>SOCNOT59</p> <p>UNIQUE59</p> <p>SKILLS59</p> <p>NTSURV59</p> <p>NTPOS59</p> <p>NWORTH59</p> <p>COMMIT59</p> <p>PRDCTV59</p> <p>IMPNBH59</p> <p>ADVICE59</p> <p>CNTREX59</p>	

Medical History Form (cont.)

Calculated Variables

MEDICAL HX VARIABLES Variable Label	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
Angina status at baseline (Self-report) Adjudicated Angina status at baseline	ANGBASE* ANBLMOD*				ANGBASE* ANBLMOD*		
Bronchitis dx by doctor	BRONCH				BRONCH		
Stroke, tia car endar	CBD				CBD		
Conf mi/ang, cabg, anp (Self-report) Adjudicated CHD status at baseline	CHD* CHDBLMOD* †				CHD* CHDBLMOD *		
CHF status at baseline (Self-report) Adjudicated CHF status at baseline	CHFBASE* CHBLMOD*				CHFBASE* CHBLMOD*		
Claud status at baseline (Self-report) Adjudicated CLD status at baseline	CLDBASE* CLBLMOD*				CLDBASE* CLBLMOD*		
Current Asthma dx by doctor	CURASTHM				CURASTHM		
Calculated diabetes status (WHO)	DIABETES¶						
ADA Diabetic Status	DIABADA§			DIABADA§	DIABADA§		
Emphysema dx by doctor	EMPHYSEM				EMPHYSEM		
Any estrogen use at baseline	ESTBL**				ESTBL**		
Estrogen use at baseline, excluding creams from the current meds	ESTBLNC**				ESTBLNC**		
Ever asthma confirmed by doctor	EVERASTH				EVERASTH		
Family hx of MI: heart attack in sibs	FHHA				FHHA		

Calculated Variables

* For each of the six major disease classifications in CHS, there are two baseline status variables. The original status variable ends in BASE (except for CHD), and the updated status variable ends in BLMOD. The *BASE variables use only information available at baseline, including self-report, exam, ECG's, and review of medical history. The coding of the *BASE variables is as follows:

0=no history

1=definite past history; confirmed by exam or medical records

2=possible past history; reported but not confirmed

3=past unreported history; not reported, but found on exam (for MI, Angina, and Claudication only).

The *BLMOD variables classify a participant according to whether or not they are at risk of an incident event. Anyone with a *BASE value of 1=definite past history has a *BLMOD value of 1=prevalent. Initially, possible past history and past unreported history are coded in *BLMOD as 0=at risk for an incident event. During the review of hospitalization records for our events adjudication process, it may become evident that a participant was prevalent for one of the six major diseases at baseline. If so, the baseline status is modified to incorporate this new information. Thus, the *BLMOD variables have changed over the years. For example, a participant with no history of MI at baseline will have MIBASE=0. If, during the review of records for a hospitalization after baseline, records were found indicating that an MI had occurred before the person was enrolled in CHS, the MIBMOD variable would be set to 1, while the MIBASE variable would remain 0. Both variables give prevalent disease status at baseline, but the *BLMOD variable reflects the latest and most accurate information we have about baseline status. The current values reflect the results of our adjudication of events through June 30, 1996. We are only releasing data through June 30, 1994.

†The variable CHDBLMOD is set to 1 if MIBLMOD=1 or ANBLMOD=1 or there is a report of angioplasty or bypass surgery prior to entry into CHS.

¶The variable DIABETES is for baseline original cohort only; DIABETES=1 if Normal; DIABETES=2 if Impaired Glucose Intolerance, defined by Fasting glucose < 140 mg/dl AND Two hour post load glucose 140-199 mg/dl; DIABETES=3 if Diabetic, defined by Fasting glucose > 140 mg/dl, OR Two hour post glucose load > 200 mg/dl, OR Medical History Question 7 = Yes, OR Phlebotomy Insulin Question 5 = Yes, OR Takes Insulin Medication, OR Takes Oral Hypoglycemic Medication.

§Per the ADA guidelines, the DIABADA variable is coded as follows: DIABADA=1 if Normal; DIABADA=2 if Impaired Fasting Glucose, defined by GLU44=110-125; DIABADA=3 if Diabetes, defined by taking insulin or oral hypoglycemics or if GLU44\$126. This variable was recorded on both the original and new cohorts at baseline, and it was recorded on the original cohort at year 5.

**Two variables describing estrogen use at baseline have been added to the BASEBOTH file. At baseline for the original cohort, use was assessed by medicine bottle or by self-report of EVER use. Those who brought in meds were coded current users. Self-reported EVER use in the absence of meds was coded former

Calculated Variables

use. If a participant answered “don’t know” to the question of ever use and did not bring in a prescription for estrogen, information obtained in later years on former or current use and its duration was used to fill in the missing whenever possible. Otherwise, these “don’t know” responders were coded as never users. Both ESTBL and ESTBLNC are coded as 0=never, 1=former, 2=current.

Calculated Variables

MEDICAL HX VARIABLES Variable Label	Year 8	Year 9	Year 10	Year 11	Year 12
Bronchitis dx by doctor					
Stroke, tia car endar					
Current Asthma dx by doctor					
Reported dx of diabetes					
Calculated diabetes status (WHO)					
ADA Diabetic Status					
Emphysema dx by doctor					
Ever asthma confirmed by doctor					
Family hx of MI: heart attack in sibs					

Calculated Variables

MEDICAL HX VARIABLES Variable Label	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
Min age of sib MI	MIAGE				MIAGE		
MI status at baseline (Self-report) Adjudicated MI status at baseline	MIBASE* MIBLMOD*				MIBASE* MIBLMOD*		
Pneumonia confirmed by dr	PNEUMON				PNEUMON		
Calc. Renal dis stat	RENAL£				RENAL		
Angina by Rose Questionnaire	ROSEANG	ROSEANG	ROSEANG	ROSEANG	ROSEANG	ROSEANG	ROSEANG
Intermittent claudication by Rose Ques.	ROSEIC	ROSEIC	ROSEIC	ROSEIC	ROSEIC	ROSEIC	ROSEIC
Stroke status at baseline (Self-report) Adjudicated stroke status at baseline	STRKBASE* STBLMOD*				STRKBASE* STBLMOD*		
Tia status at baseline (Self-report) Adjudicated TIA status at baseline	TIABASE* TIBLMOD*				TIABASE* TIBLMOD*		
Number of CHF Symptoms		CHFSYMPT"	CHFSYMPT"	CHFSYMPT	CHFSYMPT"	CHFSYMPT	CHFSYMPT"

£RENAL=1 if Normal, defined by Creatinine< 1.0 mg/dl; RENAL=2 if Mild-Moderate Renal Insufficiency, defined by Creatinine 1.0-1.49 mg/dl; RENAL=3 if Renal Insufficiency, defined by Creatinine \$ 1.5 mg/dl.

"CHFSYMPT is between 0 and 3 and records the number of the following CHF symptoms: sleep on \$ 2 pillows to breathe, awakened at night by trouble breathing, swelling of feet and ankles during the day which goes down overnight.

Calculated Variables

MEDICAL HX VARIABLES Variable Label	Year 8	Year 9	Year 10	Year 11	Year 12
Min age of sib MI					
Pneumonia confirmed by dr					
Any prevalent disease					
Calc. Renal dis stat					
Angina by Rose Questionnaire					
Intermittent claudication by Rose Ques.					
Number of CHF Symptoms					

-- Calculated Variables will be added to Year 9 and later as save files are made.

Personal History Form
(Baseline - Year 7: Records 08, 29, 38, 39, 58, 59)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
Date Selection Variable	DATE08	DATE38	DATE39	KDATE29	DATE58	YEAR59	YEAR59
What is your occupational status? If other, specify	OCCUP01 OCCSPC01				OCCUP01 OCCSPC01	OCCUP59 OCCSPC59	OCCUP59 OCCSPC59
What is your total combined income	INCOME01				INCOME01		INCOME59
<u>Weight</u> Have you gained/lost >10 pounds? Was the following a major factor in your weight change? diet surgery, illness, or medication exercise What was your usual weight at age 50? In your early teens, were you heavier than average, average, or thinner?	WEIGHT08 DIET08 ILL08 EXER08 WGT5008 WGTEEN08	WEIGHT38 DIET38 ILL38 EXER38		WEIGHT29 DIET29 ILL29 EXER29	WEIGHT58 DIET58 ILL58 EXER58 WGT5058 WGTEEN58	WEIGHT59 DIET59 ILL59 EXER59	WEIGHT59 DIET59 ILL59 EXER59
<u>Appetite</u> Appetite is usually...							

Personal History Form
(Years 8-12: Record 59)

Question	Year 8	Year 9	Year 10	Year 11	Year 12
Date Selection Variable	YEAR59	YEAR59	YEAR59	YEAR59	
What is your occupational status? If other, specify	OCCUP59 OCCSPC59	OCCUP59 OCCSPC59	OCCUP59 OCCSPC59	OCCUP59 OCCSPC59	
What is your total combined income	INCOME59	INCOME59			
How many hrs/month work/volunteer?	HRSWRK59	HRSWRK59	HRSWRK59	HRSWRK59	
<u>Weight</u> Have you gained/lost >10 pounds? Was the following a major factor in your weight change? diet surgery, illness, or medication exercise	WEIGHT59 DIET59 ILL59 EXER59	WEIGHT59 DIET59 ILL59 EXER59	WEIGHT59 DIET59 ILL59 EXER59	WEIGHT59 DIET59 ILL59 EXER59	
If lost >10 lbs, were you trying to lose weight?	TRYTEN59	TRYTEN59	TRYTEN59	TRYTEN59	
What was your usual weight at age 50?			AG50WT59		
In your early teens, were you heavier than average, average, or thinner?					
Is this a gain or loss of at least 20 lbs?			CHG20P59		

<u>Appetite</u> Appetite is usually...				APPET59	
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Personal History Form (cont.)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
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Personal History Form (cont.

Diet		TTLINT38	TTLINT29	TTLINT59	TTLINT59
Compare your daily intake of food to last year's.		RSN138	RSNMOR29	RSNMOR59	DRMDR59 MEDMOR59 PHSMOR59 SHPMOR59 PRBMOR59 OTHMOR59 MORSPC59
Reason why eat more					
Doctor recommended					
Taking med that increases appetite					
Physical activity increased					
More able to shop or prepare food					
Medical/dental problem resolved					
Appetite has increased for other reas.		RSN1SP38	MORSPC29	MORSPC59	MORSPC59
Other reasons (specify)		RSN238	RSNLES29	RSNLES59	
Reason why eat less					DRLES59 MEDLES59 PHSLES59 SHPLES59 PRBLES59 OTHLES59 LESSPC59
Doctor recommended					
Taking med that decreases appetite					
Physical activity has decreased					
Less able to shop or prepare food					
Medical/dental problem					
Appetite decreased for other reasons		RSN2SP38	LESSPC29	LESSPC59	LESSPC59
Other reasons (specify)		DIETF38	FLDIET29		
Are you following a special diet?	DIET25	LSWTF38	FDLSWT29	LSWTF58	
Purpose of diet:		GNWTF38	FDGNWT29	GNWTF58	
to lose weight		DIABF38	FDDIAB29	DIABF58	
to gain weight		KIDNF38	FDKDFL29	KIDNF58	
for diabetes		ULCERF38	FDULCR29	ULCERF58	
for kidney failure		DIVERF38	FDDVRT29	DIVERF58	
for ulcers		ALLERF38	FDALRG29	ALLERF58	
for diverticulitis		HEARTF38	FDHRTR29	HEARTF58	
for allergies		HBPF38	FDHIBP29	HBPF58	
for heart trouble		CRSNF38	FDOTHR29	ORSNF58	
for high blood pressure		SRSNF38	FDORSP29	SRSNF58	
for other reasons					
Specify other reason					

Personal History Form (cont.)

Question	Year 8	Year 9	Year 10	Year 11	Year 12
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Personal History Form (cont.)

<p><u>Diet</u> Compare your daily intake of food to last year's. Reason why eat more Doctor recommended Taking med that increases appetite Physical activity increased More able to shop or prepare food Medical/dental problem resolved Appetite has increased for other reas. Other reasons (specify) Reason why eat less Doctor recommended Taking med that decreases appetite Physical activity has decreased Less able to shop or prepare food Medical/dental problem Appetite decreased for other reasons Other reasons (specify) Are you following a special diet? Purpose of diet: to lose weight to gain weight for diabetes for kidney failure for ulcers for diverticulitis for allergies for heart trouble for high blood pressure for other reasons Specify other reason</p>							
Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7

Personal History Form (cont.)

Kind of diet		LCALF38		FDLCAL29	LCALF58		
low calorie		HCALF38		FDHCAL29	HCALF58		
high calorie		LPROTF38		FDLPRT29	LPROTF58		
low protein		HPROTF38		FDHPRT29	HPROTF58		
high protein		LFATF38		FDLFAT29	LFATF58		
low fat		HFATF38		FDHFAT29	HFATF58		
high fat		LCARF38		FDLCAR29	LCARF58		
low carbohydrate		HCARF38		FDHCAR29	HCARF58		
high carbohydrate		LSUGF38		FDLSGR29	LSUGF58		
low sugar					LSLTF58		
low salt		LCHOLF38		FDLCHL29	LCHOLF58		
low cholesterol		LFIBF38		FDLFBR29	LFIBF58		
low fiber		HFIBF38		FDHFBR29	HFIBF58		
high fiber		BLANDF38		FDBLND29	BLANDF58		
bland diet		OTHDTF38		FDOTHK29	OTHDTF58		
other diet		SPECF38		FDOKSP29	SPECF58		
Specify other diet							
How long have you been following this diet?							
years	EATYRS25	YEARF38		FDYRS29	YEARF58		
months	EATMON25	MONTF38		FDMNTH29	MONTHF58		
Was this diet recommended by your physician?	DIETW25	RECF38		FDPHYS29	RECPH58		

Personal History Form (cont.)

Question	Year 8	Year 9	Year 10	Year 11	Year 12
Kind of diet low calorie high calorie low protein high protein low fat high fat low carbohydrate high carbohydrate low sugar low salt low cholesterol low fiber high fiber bland diet other diet Specify other diet How long have you been following this diet? years months Was this diet recommended by your physician?					

Personal History Form (cont)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
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Personal History Form (cont)

Have you gone off a special diet?		OFFDFT38		OFDIET29			
Purpose of diet							
to lose weight		LSWTO38		DDLSWT29			
to gain weight		GNWTO38		ODGNWT29			
for diabetes		DIABO38		ODDIAB29			
for kidney failure		KIDNO38		ODKDFL29			
for ulcers		ULCERO38		ODULCR29			
for diverticulitis		DIVERO38		ODDVRT29			
for allergies		ALLERO38		ODALRG29			
for heart trouble		HEARTO38		ODHRTR29			
for high blood pressure		HBPO38		ODHIBP29			
for other reasons		ORSNO38		ODOTHR29			
Specify other reason		SPECO38		ODTRSP29			
Kind of diet							
low calorie		LCALO38		ODLCAL29			
high calorie		HCALO38		ODHCAL29			
low protein		LPROTO38		ODLPRT29			
high protein		HPROTO38		ODHPRT29			
low fat		LFATO38		ODLFAT29			
high fat		HFATO38		ODHFAT29			
low carbohydrate		LCARO38		ODLCAR29			
high carbohydrate		HCARO38		ODHCAR29			
low sugar		LSUGO38		ODLSGR29			
low cholesterol		LCHOLO38		ODLCHL29			
low fiber		LFIBO38		ODLFBR29			
high fiber		HFIBO38		ODHLFBR2			
bland diet		BLANDO38		9			
other diet		OTHDTO38		ODBLND29			
Specify other diet		SPECO38YE		ODOTHK29			
How long have you been following this diet?				ODOKSP29			
years		YEARO38					
months		MONTHO38		ODYRS29			
This diet recommended by your phys?		RECO38		ODMNTH29			
				ODPHYS29			

Personal History Form (cont)

Question	Year 8	Year 9	Year 10	Year 11	Year 12
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Personal History Form (cont)

<p>Have you gone off a special diet?</p> <p>Purpose of diet</p> <p>to lose weight</p> <p>to gain weight</p> <p>for diabetes</p> <p>for kidney failure</p> <p>for ulcers</p> <p>for diverticulitis</p> <p>for allergies</p> <p>for heart trouble</p> <p>for high blood pressure</p> <p>for other reasons</p> <p>Specify other reason</p> <p>Kind of diet</p> <p>low calorie</p> <p>high calorie</p> <p>low protein</p> <p>high protein</p> <p>low fat</p> <p>high fat</p> <p>low carbohydrate</p> <p>high carbohydrate</p> <p>low sugar</p> <p>low cholesterol</p> <p>low fiber</p> <p>high fiber</p> <p>bland diet</p> <p>other diet</p> <p>Specify other diet</p> <p>How long have you been following this diet?</p> <p>years</p> <p>months</p> <p>This diet recommended by your phys?</p>					
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Personal History Form (cont)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
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Personal History Form (cont)

<u>Smoking</u>							
Have you smoked >100 cig or 5 packs	SMOKE08	SMK38			SMOKE58		
in your lifetime?	SMK3008	SMK3038	SMK3039	SMK3029	SMK3058	SMK3059	SMK3059
smoked cig the last 30 days	SMKAGE08				SMKAGE58		
age when first started smoking cig	STOP08				STOP58		
age when stopped smoking completely	AMOUNT08		NUMCIG39	NUMCIG29	AMOUNT58	NUMCIG59	NUMCIG59
ave cig smoked per day				SMOKE29		SMOKE59	SMOKE59
Describe your smoking status			SMKQIT 39				
Have you stopped smoking during the last year?	ANYONE08	SMKLIV38	SMKLIV39	SMKLIV29	ANYONE58		
Does anyone living w/ you smoke cig regularly?		SMK138	SMK139		LIVSMK58	SMKLIV59	
Have you ever lived w/ anyone who smoked cig regularly?		SMKY38	SMKY39		SMKY58		
Total years lived w/ someone who smokes regularly		SMKHY38					
Years that person was a heavy smoker			CHILD39		CHILD58		
During what time period(s) were you living w/ a regular smoker?			ADULT39		ADULT58		
as a child/teenager			OLDER39		OLDER58		
between the ages of 20 to 50			SNUFF39	SNUFF29	SNUFF58	SNUFF59	SNUFF59
after age 50							
Do you ever use snuff or smokeless tobacco?							PIPE59
Have you smoked a pipe or cigar during the last 30 days?							

Personal History Form (cont)

Personal History Form (cont)

Question	Year 8	Year 9	Year 10	Year 11	Year 12
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Personal History Form (cont)

<u>Smoking</u>					
Have you smoked >100 cig or 5 packs in your lifetime?					
smoked cig the last 30 days	SMK3059	SMK3059	SMK3059	SMK3059	
age when first started smoking cig					
age when stopped smoking					
completely	NUMCIG59	NUMCIG59	NUMCIG59	NUMCIG59	
ave cig smoked per day					
	SMOKE59	SMOKE59	SMOKE59	SMOKE59	
Describe your smoking status					
Have you stopped smoking during the last year?					
Does anyone living w/ you smoke cig regularly?					
Have you ever lived w/ anyone who smoked cig regularly?					
Total years lived w/ someone who smokes regularly					
Years that person was a heavy smoker					
During what time period(s) in your were you living w/ a regular smoker?					
as a child/teenager					
between the ages of 20 to 50					
after age 50	SNUFF59	SNUFF59	SNUFF59	SNUFF59	
Do you ever use snuff or smokeless tobacco?					
	PIPE59	PIPE59	PIPE59	PIPE59	
Have you smoked a pipe or cigar during the last 30 days?					

Personal History Form (cont)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
<u>Alcohol</u>							
Do you ever drink beer?	BEER25		BEER39	BEER29	BEER25	BEER59	BEER59
How often?	BEERF25		BEERF39	BEERF29	BEERF25	BEERF59	BEERF59
How many cans on one occasion?	BEERN25		BEERN39	BEERN29	BEERN25	BEERN59	BEERN59
Do you ever drink wine?	WINE25		WINE39	WINE29	WINE25	WINE59	WINE59
How often?	WINEF25		WINEF39	WINEF29	WINEF25	WINEF59	WINEF59
How many glasses on one occasion?	WINEN25		WINEN39	WINEN29	WINEN25	WINEN59	WINEN59
Do you ever drink liquor?	LIQUOR25		LIQUOR39	LIQUOR29	LIQUOR25	LIQUOR59	LIQUOR59
How often?	LIQUOF25		LIQUOF39	LIQUOF29	LIQUOF25	LIQUOF59	LIQUOF59
How many drinks on one occasion?	LIQUON25		LIQUON39	LIQUON29	LIQUON25	LIQUON59	LIQUON59
<u>Calculated Variable:</u>	ALCOH		ALCOH	ALCOH	ALCOH	ALCOH	ALCOH
Total alcohol/week							
<u>Vitamins</u>							
During the past 2 weeks have you taken							
...a multiple vitamin or other vitamin supplements?			VITAM39	MLTVIT29	VITAM58	MLTVIT59	
Did you take a ...							
multiple vitamin?			MULTI39	MULTI29	MULTI58	MULTI59	
Days during the last 2 weeks			MDAYS39	MDAYS29	MDAYS58	MDAYS59	
Vitamin A or beta-carotene?			VITA39	VITA29	VITA58	VITA59	
Days during the last 2 weeks			ADAYS39	ADAYS29	ADAYS58	ADAYS59	
Vitamin C?			VITC39	VITC29	VITC58	VITC59	
Days during the last 2 weeks			CDAYS39	CDAYS29	CDAYS58	CDAYS59	
Vitamin E?			VITE39	VITE29	VITE58	VITE59	
Days during the last 2 week			EDAYS39	EDAYS29	EDAYS58	EDAYS59	

* Cholesterol questions asked on Personal History form are included in the Medical History Miscellaneous Section.

Personal History Form (cont)

Question	Year 8	Year 9	Year 10	Year 11	Year 12
<u>Alcohol</u> Do you ever drink beer? How often? How many cans on one occasion? Do you ever drink wine? How often? How many glasses on one occasion? Do you ever drink liquor? How often? How many drinks on one occasion? <u>Calculated Variable:</u> Total alcohol/week	ALCO65	BEER59 BEERF59 BEERN59 WINE59 WINEF59 WINEN59 LIQUOR59 LIQUOF59 LIQUON59	BEER59 BEERF59 BEERN59 WINE59 WINEF59 WINEN59 LIQUOR59 LIQUOF59 LIQUON59	BEER59 BEERF59 BEERN59 WINE59 WINEF59 WINEN59 LIQUOR59 LIQUOF59 LIQUON59	
<u>Vitamins</u> During the past 2 weeks have you taken ...a multiple vitamin or other vitamin supplements? Did you take a ... multiple vitamin? Days during the last 2 weeks Vitamin A or beta-carotene? Days during the last 2 weeks Vitamin C? Days during the last 2 weeks Vitamin E? Days during the last 2 week			MLTVIT59 MUTLI59 MDAYS59 VITA59 ADAYS59 VITC59 CDAYS59 VITE59 EDAYS59	MLTVIT59 MUTLI59 MDAYS59 VITA59 ADAYS59 VITC59 CDAYS59 VITE59 EDAYS59	

* Cholesterol questions asked on Personal History form are included in the Medical History Miscellaneous Section.

Personal History Form (cont)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
<u>Sleep</u> How many hours/day do you spend seated or lying down?	SEAT04		LIE39		SEAT04	SEAT59	SEAT59
How many hours/night spent sleeping?							
How many hours/daytime spent asleep?	SLEEP08 GROGGY08		SLEEPY39 GROGGY39	SLEEPY29 GROGGY29	SLEEPY58 GROGGY58	SLPDAY56 GROGGY56	
Are you usually sleepy in the daytime?	SNORE08		SNORE39	SNORE29	SNORE58	SNORE56	
Do you feel groggy & unrefreshed after waking up in the morning?	BREATH08		APNEA39	STOPBR29	STOPBR58	STBRTH56	
Has your spouse/roommate complained about your loud snoring?							
Has anyone observed you while sleeping to have episodes where you stop breathing for a while & then snore?	TRBLSL08 WAKEUP08		INSOMN39 WAKE39	TRFALL29 WKNIGHT29	TRFALL58 WKNIGHT58	TRBLSL56 WAKE56	
Do you usually have trouble falling asleep?	STAYSL08		EARLY39	WKERLY29	WKERLY58		
Do you usually wake up several times at night?							
Do you usually wake up far too early?							
<u>Vision</u> Can you see well enough (w/ glasses if needed) to ...							
drive	DRIVE08	DRIVE38	DRIVE39	DRIVE29	DRIVE58	DRIVE59	DRIVE59
watch TV	TV08	TV38	TV38	TV29	TV58	TV59	TV59
recognize someone across the room	RECOGN08	RECOGN38	RECOGN39	RECOGN29	RECOGN58	RECOGN59	RECOGN59
read the newspaper	READ08	READ38	READ39	READ29	READ58	READ59	

Personal History Form (cont)

<u>Hearing</u> Can you hear well enough (w/ hearing aid if necessary) to ... use the telephone listen to a radio carry on a conversation	TELE08 RADIO08 CONVER08	TELE38 RADIO38 CONVER38	TELE39 RADIO39 CONVER39	TELE29 RADIO29 CONVER29	TELE58 RADIO58 CONVER58	TELE59 RADIO59 CONVER59	RADIO59
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Personal History Form (cont)

Question	Year 8	Year 9	Year 10	Year 11	Year 12
<u>Sleep</u> How many hours/day do you spend seated or lying down? How many hours/night spent sleeping? How many hours/daytime spent asleep? Are you usually sleepy in the daytime? Do you feel groggy & unrefreshed after waking up in the morning? Has your spouse/roommate complained about your loud snoring? Has anyone observed you while sleeping to have episodes where you stop breathing for a while & then snore? Do you usually have trouble falling asleep? Do you usually wake up several times at night? Do you usually wake up far too early?	SEAT59	LYING04 SLPNGT04 SLPDAY04	SEAT59 SLNITE59 SLDAY59	SEAT59 SLNITE59 SLDAY59	
<u>Vision</u> Can you see well enough (w/ glasses if needed) to ... drive watch TV recognize someone across the room read the newspaper		DRIVE59 TV59 RECOGN59 READ59	DRIVE59 TV59 RECOGN59 READ59	DRIVE59 TV59 RECOGN59 READ59	

Personal History Form (cont)

<u>Hearing</u> Can you hear well enough (w/ hearing aid if necessary) to ... use the telephone listen to a radio carry on a conversation		TELE59 RADIO59 CONVER59	TELE59 RADIO59 CONVER59	TELE59 RADIO59 CONVER59	
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Personal History Form (cont)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
<u>Walking</u> During the last week, how many city blocks did you walk? What is your usual pace? How many flights of stairs did you climb up during the last week? Level of activity compared to last year	BLOCK04 PACE04 FLIGHT04 ACTLEV04	BLOCK38 PACE38 LEVEL38	BLOCK39 PACE39 STAIR39 LEVEL39	BLOCK04 PACE04 FLIGHT04 ACTLEV04	BLOCK04 PACE04 FLIGHT04 ACTLEV04	BLOCK59 PACE59 FLIGHT59 ACTLEV59	BLOCK59 PACE59 FLIGHT59 ACTLEV59
<u>Siblings</u> 1st sibling Sex Year of birth Still alive? If dead, age at death Ever had a heart attack? If yes, age of first attack Ever had a stroke? If yes, age of first stroke ... 10th sibling Sex Year of birth Still alive? If dead, age at death Ever had a heart attack? If yes, age of first attack Ever had a stroke? If yes, age of first stroke	SEX108 BTH108 DTH108 HATT108 HAGE108 STRK108 SAGE108 SEX1008 BTH1008 DTH1008 HATT1008 HAGE1008 STRK1008 SAGE1008				SEX158 BTH158 ALIV158 DTH158 HATT158 HAGE158 STRK158 SAGE158 SEX1058 BIH1058 ALIV1058 DTH1058 HATT1058 HAGE1058 STRK1058 SAGE1058		

Personal History Form (cont)

<u>Parents</u> Is your natural mother still living? If yes, her age If no, age when she died Is your natural father still living? If yes, his age If no, age when he died			MOTHER39 MAGE39 MDIE39 FATHER39 FAGE39 FDIE39		MOTHER58 MAGE58 MDIE58 FATHER58 FAGE58 FDIE58		
Question	Year 8	Year 9	Year 10	Year 11	Year 12		
<u>Walking</u> During the last week, how many city blocks did you walk? What is your usual pace? How many flights of stairs did you climb up during the last week? Level of activity compared to last year	BLOCK59 PACE59	BLOCK04 (BLMILE04) PACE04 FLIGHT04 ACTLEV04	BLOCK59 (BLMILE59) PACE59 FLIGHT59 ACTLEV59	BLOCK59 (BLMILE59) PACE59 FLIGHT59 ACTLEV59			

Personal History Form (cont)

<u>Siblings</u> 1st sibling Sex Year of birth Still alive? If dead, age at death Ever had a heart attack? If yes, age of first attack Ever had a stroke? If yes, age of first stroke ... 10th sibling Sex Year of birth Still alive? If dead, age at death Ever had a heart attack? If yes, age of first attack Ever had a stroke? If yes, age of first stroke							
<u>Parents</u> Is your natural mother still living? If yes, her age If no, age when she died Is your natural father still living? If yes, his age If no, age when he died							
Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7

Personal History Form (cont)

<u>Women only</u>							
Number of times been pregnant	PRGNT08				PRGNT58		
Number of live births	LIVBTH08				LIVBTH58		
Age of menopause	MENOPS08				MENOPS58		
Have you had a hysterectomy?	HYSTR08				HYSTR58		
Age when had hysterectomy	SURGER08				SURGER58		
Have you had an ovary removed?	OVARY08				OVARY58		
How many were removed?	NOVARY08				NOVARY58		
Age this was done	AGEOVA08				AGEOVA58		
Have you taken Premarin?	PREMAR08						
Age started taking Premarin	STRPRM08						
Age stopped taking Premarin	STPPRM08						
Have you taken estrogens or other female hormones?	ESTROG08						
Specify the medications	SPEC108	MED138					
	SPEC208	MED238					
	SPEC308	MED338					
Are you currently taking estrogen?*		ESTROG38					
Are you currently taking Premarin?		PREMAR38					
Are you CURRENTLY taking estrogen such as Premarin or others?			ESTROC39	ESTROC29	ESTROC58	ESTROC59	ESTROC59
How many days/month?			ECDAY39	ECDAY29	ECDAY58	ECDAY59	ECDAY59
How long have you been taking it?							
Years				ECYRS29	ECYR58	ECYRS59	
Months			ECMO39	ECMO29	ECMO58	ECMO59	
Why are you taking estrogen?							
prevent hot flashes			ECHOTF39	ECHOTF29	ECHOTF58	ECHOTF59	ECHOTF59
prevent other postmenopausal symptoms			ECSX39	ECSX29	ECSX58	ECSX59	ECSX59
prevent osteoporosis			ECOSTE39	ECOSTE29	ECOSTE58	ECOSTE59	ECOSTE59
prevent heart disease			ECCHD39	ECCHD29	ECCHD58	ECCHD59	ECCHD59
other reasons			ECOTH39	ECOTH29	ECOTH58	ECHOTH59	ECOTH59
Specify other reasons			ECOSPC39	ECOSPC29	ECOSPC58	ECOSPC59	ECOSPC59

* For currently taking estrogen, see also Record 06

Personal History Form (cont)

Question	Year 8	Year 9	Year 10	Year 11	Year 12
<u>Women only</u> Number of times been pregnant Number of live births Age of menopause Have you had a hysterectomy? Age when had hysterectomy Have you had an ovary removed? How many were removed? Age this was done Have you taken Premarin? Age started taking Premarin Age stopped taking Premarin Have you taken estrogens or other female hormones? Specify the medications					
Are you CURRENTLY taking estrogen such as Premarin or others? * How many days/month? How long have you been taking it? Years Months Why are you taking estrogen? prevent hot flashes prevent other postmenopausal symptoms prevent osteoporosis prevent heart disease other reasons Specify other reasons				ESTROC59 ECDAY59 ECHOTF59 ECSX59 ECOSTE59 ECCHD59 ECOTH59 ECOSPC59	

* For currently taking estrogen, see also Record 06

Personal History Form (cont)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
<p>If you are not currently taking estrogen, have you taken any in the past?</p> <p>How many days/month?</p> <p>When did you stop?</p> <p>Year</p> <p>Age</p> <p>How long did you take estrogen?</p> <p>Years</p> <p>Months</p> <p>Why did you take estrogen?</p> <p>prevent hot flashes</p> <p>prevent other postmenopausal symptoms</p> <p>prevent osteoporosis</p> <p>prevent heart disease</p> <p>other reasons</p> <p>Specify other reasons</p>			<p>ESTROP39</p> <p>EPDAY39</p> <p>EYR39</p> <p>EAGE39</p> <p>EPMO39</p> <p>EPHOTF39</p> <p>EPSX39</p> <p>EPOSTE39</p> <p>EPCHD39</p> <p>EPOTH39</p> <p>EPOSPC39</p>	<p>ESTROP29</p> <p>EPDAY29</p> <p>EPYEAR29</p> <p>EPAGE29</p> <p>EPYRS29</p> <p>EPMO29</p> <p>EPHOTF29</p> <p>EPSX29</p> <p>EPOSTE29</p> <p>EPCHD29</p> <p>EPOTH29</p> <p>EPOSPC29</p>	<p>ESTROP58</p> <p>EPDAY58</p> <p>EYR58</p> <p>EAGE58</p> <p>EPYR58</p> <p>EPMO58</p> <p>EPHOTF58</p> <p>EPSX58</p> <p>EPOSTE58</p> <p>EPCHD58</p> <p>EPOTH58</p> <p>EPOSPC58</p>	<p>ESTROP59</p> <p>EPDAY59</p> <p>EPYEAR59</p> <p>EPAGE59</p> <p>EPYRS59</p> <p>EPMO59</p> <p>EPHOTF59</p> <p>EPSX59</p> <p>EPOSTE59</p> <p>EPCHD59</p> <p>EPOTH59</p> <p>EPOSPC59</p>	

Personal History Form (cont)

Are you currently taking progestins?*			PROGC39 PCDAY39	PROGC29 PCDAY29	PROGC58 PCDAY58	PROGC59 PCDAY59	PROGC59 PCDAY59
How many days/month?							
How long?							
Years			PCMO39	PCYRS29 PCMO29	PCYR58 PCMO58	PCYRS59 PCMO59	
Months			PROGP39	PROGP29	PROGP58	PROGP59	
If you are not currently taking progestins, have you taken it in the past?							
How many days/month?			PPDAY39	PPDAY29	PPDAY58	PPDAY59	
When did you stop?							
Years			PYR39	PPYEAR29	PYR58	PPYEAR59	
Age			PAGE39	PPAGE29	PAGE58	PPAGE59	
How long did you take progestin?							
Years			PPMO39	PPYRS29 PPMO29	PPYR58 PPMO58	PPYRS59 PPMO59	
Month							

* For currently taking progestins, see also Record 06

Personal History Form (cont)

Question	Year 8	Year 9	Year 10	Year 11	Year 12
<p>If you are not currently taking estrogen, have you taken any in the past?</p> <p>How many days/month?</p> <p>When did you stop?</p> <p>Year</p> <p>Age</p> <p>How long did you take estrogen?</p> <p>Years</p> <p>Months</p> <p>Why did you take estrogen?</p> <p>prevent hot flashes</p> <p>prevent other postmenopausal symptoms</p> <p>prevent osteoporosis</p> <p>prevent heart disease</p> <p>other reasons</p> <p>Specify other reasons</p>					

Personal History Form (cont)

Are you currently taking progestins?* How many days/month? How long? Years Months If you are not currently taking progestins, have you taken it in the past? How many days/month? When did you stop? Years Age How long did you take progestin? Years Month				PROGC59 PCDAY59	
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* For currently taking progestins, see also Record 06

Personal History Form (cont)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
Are you currently involved in any other medical studies? If yes, please name				MEDSTD29 NAMSTD29	OTHSTD58 NAMSTD58	MEDSTD59 NAMSTD59	MEDSTD59 NAMSTD59
Interviewer ID number Interview date Interviewer-administered		INTID38 INTDAT38	INTID39 INTDAT39	INTID29 ADMIN29	INTID58 INTDAT58 ADMIN58	INTID59 INTDAT59 ADMIN59	INTID59 INTDAT59 ADMIN59

Question	Year 8	Year 9	Year 10	Year 11	Year 12
Are you currently involved in any other medical studies? If yes, please name	MEDSTD59 NAMSTD59	MEDSTD59 NAMSTD59	MEDSTD59 NAMSTD59	MEDSTD59 NAMSTD59	
Interviewer ID number Interview date Interviewer-administered Completed by: participant or proxy	INTID59 INTDAT59 ADMIN59	INTID59 INTDAT59 ADMIN59	INTID59 INTDAT59 ADMIN59 DATAACL59	INTID59 INTDAT59 ADMIN59 DATAACL59	

Calculated Variables

PERSONAL HX VARIABLES Variable Label	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
Total number of alcoholic beverages (beer, wine, liquor) consumed per wk	ALCOH		ALCOH	ALCOH	ALCOH	ALCOH	ALCOH
Number of 12oz cans of beer consumed per wk	BEER		BEER	BEER	BEER	BEER	BEER
Ever smoker	EVERSM				EVERSM		
Hearing problem	HEARPROB*	HEARPROB*	HEARPROB*	HEARPROB*	HEARPROB*	HEARPROB*	
Shots liquor/wk	LIQUO		LIQUO	LIQUO	LIQUO	LIQUO	LIQUO
Pack years smoked	PKYRS†				PKYRS†		
Present smoker	PRESSM				PRESSM		
Smoke amount	SMKAMT¶				SMKAMT¶		
Current smoke status	SMOKE				SMOKE		
Vision problem	VISPROB**	VISPROB**	VISPROB**	VISPROB**	VISPROB**	VISPROB**	VISPROB**
Number of 6oz glasses of wine consumed per wk	WINE		WINE	WINE	WINE	WINE	WINE
Years since quit smoking	YRSQUIT				YRSQUIT		

(Updated information on smoking status and alcohol consumption is available in the Personal History section.)

*Hearing problem is coded "1" (yes) if unable to hear well enough to use the phone, listen to the radio, or carry on a conversation in a crowded room, with or without a hearing aid.

†PKYRS = (# of packs of cigarettes smoked per day) * (#of years smoked at this level), summed over all levels of smoking. For example, a person who smoked 3 packs per day for 1 year would have PKYRS = 3; alternatively someone who smoked 1 pack per day for 3 yrs would also have PKYRS = 3. If someone smoked 2 packs per day for 2 years (=4PKYRS) and then smoked 1 pack per day for 1 year (=1 PKYR), this person would have PKYRS=5.

**Vision problem is coded "1" (yes) if unable to see to drive, to watch TV, or to recognize someone across a room with or without glasses.

¶SMKAMT: 1=Passive: if anyone 08=1 and never smoker
 2=Light: 1st - 25th percentile of PKYRS (=1-13 PKYRS)
 3=Moderate: 25th - 75th percentile of PKYRS (=14-50 PKYRS)
 4=Heavy: 75th - 100th percentile of PKYRS (>50 PKYRS)

Calculated Variables

PERSONAL HX VARIABLES Variable Label	Year 8	Year 9	Year 10	Year 11	Year 12
Total number of alcoholic beverages (beer, wine, liquor) consumed per wk	ALCO65				
Number of 12oz cans of beer consumed per wk					
Ever smoker					
Hearing problem					
Shots liquor/wk					
Pack years smoked					
Present smoker					
Smoking amount					
Current smoke status					
Vision problem					
Number of 6oz glasses of wine consumed per wk					
Years since quit smoking					

(Updated information on smoking status and alcohol consumption is available in the Personal History section.)

--Calculated Variables will be added to Year 9 and later as save files are made.

Neurologic History Form
(Record 22)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
Date Selection Variable	DATE22				DATE22		
Has a doctor ever told you that you had a stroke?	STK22				STK22		
Have you ever been hospitalized for a stroke?	HSSTK22				HSSTK22		
What problems or deficits did you have after the stroke? - Weakness of left face? - Still present? - Weakness of left arm/hand? - Still present? - Weakness of left leg/foot? - Still present? - Weakness of left side? - Still present? - Weakness of right face? - Still present? - Weakness of right arm/hand? - Still present? - Weakness of right leg/foot? - Still present? - Weakness of right side? - Still present?	LFACEW22 LFACEP22 LARMW22 LARMP22 LLEGW22 LLEGP22 LSIDEW22 LSIDE22 RFACEW22 RFACEP22 RARMW22 RARMP22 RLEGW22 RLEGP22 RSIDEW22 RSIDE22				LFACEW22 LFACEP22 LARMW22 LARMP22 LLEGW22 LLEGP22 LSIDEW22 LSIDE22 RFACEW22 RFACEP22 RARMW22 RARMP22 RLEGW22 RLEGP22 RSIDEW22 RSIDE22		
Has a doctor ever told you that you had a transient ischemic attack or TIA?	TIA22				TIA22		
Have you ever been hospitalized for a TIA?	HSTIA22				HSTIA22		

The data in this form is baseline information only; thus, no pages for Years 8-12 are included.

Neurologic History Form (cont.)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
In the past year have you had any sudden loss or changes in speech?	SCH22				SCH22		
How many episodes of loss or changes in speech have you had?	SCHEPN22				SCHEPN22		
When was the (most recent) episode?	SCHEPT22				SCHEPT22		
How long did it (longest episode) last?	SCHEPL22				SCHEPL22		
Did the (worst) episode come on suddenly?	SCHEPS22				SCHEPS22		
How long did it take for the symptoms to get as bad as they were going to get?	SCHSYM22				SCHSYM22		
Do any of the following describe your (worst episode of) change in speech: - Slurred speech like you were drunk? - Could talk but wrong words came out? - Knew what you wanted to say, but the words would not come out? - Could not think of the right words? - If more than one, which of the above most closely describes your problem?	SCHDRK22 SCHWRG22 SCHWRD22 SCHRWD22 SCHDSC22				SCHDRK22 SCHWRG22 SCHWRD22 SCHRWD22 SCHDSC22		

Neurologic History Form (cont.)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
While you were having your (worst) episode of change in speech, did any of the following occur: - Numbness or tingling? - Side of difficulty: - Paralysis or weakness? -Side of difficulty: - lightheadedness, dizziness, or loss of balance? - blackouts or fainting? - seizures or convulsions? - headaches? - vision loss or blurring of vision? Did you have: (select one) - double vision? - vision loss in right eye only? - vision loss in left eye only? - total loss of vision in both eyes? - trouble in both eyes seeing to right? - trouble in both eyes seeing to left? - trouble in both eyes seeing both sides or straight ahead? - none of the above?	SCHATGL22 SCHDFT22 SCHWK22 SCHDFW22 SCHDIZ22 SCHFNT22 SCHCON22 SCHHDC22 SCHBLR22 SCHHAD22				SCHATGL22 SCHDFT22 SCHWK22 SCHDFW22 SCHDIZ22 SCHFNT22 SCHCON22 SCHHDC22 SCHBLR22 SCHHAD22		

Neurologic History Form (cont.)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
In the past year have you had any sudden loss or blurring of vision, complete or partial? How many episodes of loss or blurring of vision have you had? When was the (most recent) episode? How long did it (longest episode) last? Did the (worst) episode come on suddenly? How long did it take for symptoms to get as bad as they were going to get? During the (worst) episode, which of the following parts of your vision were affected Did you have: (select one) - trouble seeing to the right, but not to the left? - trouble seeing to the left, but not to the right? - trouble seeing to both sides or straight ahead? - other?	VIS22 VISEPN22 VISEPT22 VISEPL22 VISEPS22 VISSYM22 VISPRT22 VISHAD22				VIS22 VISEPN22 VISEPT22 VISEPL22 VISEPS22 VISSYM22 VISPRT22 VISHAD22		

Neurologic History Form (cont.)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
While you were having your (worst episode of) loss of vision, did any of the following occur: - Speech disturbance? - Numbness or tingling? - Side of difficulty: - Paralysis or weakness? - Side of difficulty: - Lightheadedness, dizziness, or loss of balance? - Blackouts or fainting? - Seizures or convulsions? - Headache? - Flashing lights?	VISDIS22 VISTGL22 VISDFT22 VISWK22 VISDFW22 VISDIZ22 VISFNT22 VISCON22 VISHDC22 VISFLS22				VISDIS22 VISTGL22 VISDFT22 VISWK22 VISDFW22 VISDIZ22 VISFNT22 VISCON22 VISHDC22 VISFLS22		
In the past year, have you had a sudden spell of double vision? If you closed one eye, did the double vision go away? How many episodes of double vision have you had? When was the (most recent) episode? How long did it (longest episode) last? Did the (worst) episode come on suddenly? How long did it take for the symptoms to get as bad as they were going to get?	VISDBL22 DBLGO22 DBLEPN22 DBLEPT22 DBLEPL22 DBLEPS22 DBLSYM22				VISDBL22 DBLGO22 DBLEPN22 DBLEPT22 DBLEPL22 DBLEPS22 DBLSYM22		

Neurologic History Form (cont.)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
While you were having your (worst episode of) double vision, did any of the following occur: - Speech disturbance? - Numbness or tingling? - Side of difficulty: - Paralysis or weakness? - Side of difficulty: - Lightheadedness, dizziness, or loss of balance? - Blackouts or fainting? - Seizures or convulsions? - Headache?	DBLDIS22 DBLTGL22 DBLDFT22 DBLWK22 DBLDFW22 DBLDIZ22 DBLFNT22 DBLCON22 DBLHDC22				DBLDIS22 DBLTGL22 DBLDFT22 DBLWK22 DBLDFW22 DBLDIZ22 DBLFNT22 DBLCON22 DBLHDC22		
In the past year, have you had sudden numbness, tingling, or loss of feeling on one side of your body, including your face, arm or leg? Did the feeling of numbness or tingling occur only when you kept your arms or legs in a certain position? When was the (most recent) episode? How long did it (longest episode) last? Did the (worst) episode come on suddenly? How long did it take for the symptoms to get as bad as they were going to get?	NUM22 NUMPOS22 NUMEPT22 NUMEPL22 NUMEPS22 NUMSYM22				NUM22 NUMPOS22 NUMEPT22 NUMEPL22 NUMEPS22 NUMSYM22		

Neurologic History Form (cont.)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
During the (worst) episode, which part or parts of your body were affected: - left arm or hand? - left leg or foot? - left side of face? - right arm or hand? - right foot or leg? - right side of face? - other? During this episode, did the abnormal sensation start in one part of your body and spread to another, or did it stay in the same place?	NUMLHD22 NUMLFT22 NUMLFC22 NUMRFT22 NUMRFT22 NUMRFC22 NUMOTH22 NUMSPD22				NUMLHD22 NUMLFT22 NUMLFC22 NUMRFT22 NUMRFT22 NUMRFC22 NUMOTH22 NUMSPD22		
While you were having your (worst) episode of numbness, tingling or loss of sensation, did any of the following occur: - Speech disturbance? - Paralysis or weakness? - Side of difficulty: - Lightheadedness, dizziness, or loss of balance? - Blackouts or fainting? - Seizures or convulsions? - Headache? - Pain in the numb or tingling arm, leg, or face? - Vision loss or blurring of vision?	NUMDIS22 NUMWK22 NUMDFW22 NUMDIZ22 NUMFNT22 NUMCON22 NUMHDC22 NUMPN22 NUMBLR22				NUMDIS22 NUMWK22 NUMDFW22 NUMDIZ22 NUMFNT22 NUMCON22 NUMHDC22 NUMPN22 NUMBLR22		

Neurologic History Form (cont.)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
Did you have: (select one) - double vision? - vision loss in right eye only? - vision loss in left eye only? - total loss of vision in both eyes? - trouble in both eyes seeing to right? - trouble in both eyes seeing to left? - trouble in both eyes seeing both sides or straight ahead? - none of the above?	NUMHAD22				NUMHAD22		
In the past year, have you had any sudden episodes of paralysis or weakness on one side of your body, including your face, arm or leg? When was the (most recent) episode? How long did it (longest episode) last? Did the (worst) episode come on suddenly? How long did it take for the symptoms to get as bad as they were going to get?	PRL22 PRLEPT22 PRLEPL22 PRLEPS22 PRLSYM22				PRL22 PRLEPT22 PRLEPL22 PRLEPS22 PRLSYM22		
During the (worst) episode, which part or parts of your body were affected: - left arm or hand? - left leg or foot? - left side of face? - right arm or hand? - right foot or leg? - right side of face? - other? During this episode, did the paralysis or weakness start in one part of your body and spread to another, or did it stay in the same place?	PRLLHD22 PRLLFT22 PRLLFC22 PRLRFT22 PRLRFT22 PRLRFC22 PRLOTH22 PRLSPD22				PRLLHD22 PRLLFT22 PRLLFC22 PRLRFT22 PRLRFT22 PRLRFC22 PRLOTH22 PRLSPD22		
Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7

Neurologic History Form (cont.)

<p>While you were having your (worst) episode of paralysis or weakness, did any of the following occur:</p> <p>- Speech disturbance?</p> <p>- Numbness or tingling?</p> <p>- Side of difficulty:</p> <p>- Lightheadedness, dizziness, or loss of balance?</p> <p>- Blackouts or fainting?</p> <p>- Seizures or convulsions?</p> <p>- Headache?</p> <p>- Pain in the numb or tingling arm, leg, or face?</p> <p>- Vision loss or blurring of vision?</p> <p>Did you have: (select one)</p> <p>- double vision?</p> <p>- vision loss in right eye only?</p> <p>- vision loss in left eye only?</p> <p>- total loss of vision in both eyes?</p> <p>- trouble in both eyes seeing to right?</p> <p>- trouble in both eyes seeing to left?</p> <p>- trouble in both eyes seeing both sides or straight ahead?</p> <p>- none of the above?</p>	<p>PRLDIS22</p> <p>PRLTGL22</p> <p>PRLDFT22</p> <p>PRLDIZ22</p> <p>PRLFNT22</p> <p>PRLCON22</p> <p>PRLHDC22</p> <p>PRLPN22</p> <p>PRLBLR22</p> <p>PRLHAD22</p>				<p>PRLDIS22</p> <p>PRLTGL22</p> <p>PRLDFT22</p> <p>PRLDIZ22</p> <p>PRLFNT22</p> <p>PRLCON22</p> <p>PRLHDC22</p> <p>PRLPN22</p> <p>PRLBLR22</p> <p>PRLHAD22</p>		
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Neurologic History Form (cont.)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
In the past year, have you had any sudden spells of dizziness, loss of balance, or sensation of spinning? Did the dizziness, loss of balance or spinning sensation occur only when changing the position of your head or body? How many episodes of dizziness, loss of balance or spinning sensation have you had? When was the (most recent) episode? How long did it (longest episode) last? Did the (worst) episode come on suddenly? How long did it take for the symptoms to get as bad as they were going to get?	BAL22 BALPOS22 BALEPN22 BALEPT22 BALEPL22 BALEPS22 BALSVM22				BAL22 BALPOS22 BALEPN22 BALEPT22 BALEPL22 BALEPS22 BALSVM22		
While you were having your (worst) episode of dizziness, loss of balance, or spinning sensation, did any of the following occur: - Speech disturbance? - Paralysis or weakness: - Side of difficulty: - Numbness or tingling? - Side of difficulty: - Blackouts or fainting? - Seizures or convulsions? - Headache? - Vision loss or blurring of vision?	BALDIS22 BALWK22 BALDFW22 BALTGL22 BALDFT22 BALFNT22 BALCON22 BALHDC22 BALBLR22				BALDIS22 BALWK22 BALDFW22 BALTGL22 BALDFT22 BALFNT22 BALCON22 BALHDC22 BALBLR22		

Neurologic History Form (cont.)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
Did you have: (select one) - double vision? - vision loss in right eye only? - vision loss in left eye only? - total loss of vision in both eyes? - trouble in both eyes seeing to right? - trouble in both eyes seeing to left? - trouble in both eyes seeing both sides or straight ahead? - none of the above?	BALHAD22				BALHAD22		
In the past year, have you had any of the following: - Spinning sensation, vertigo? - Loss of balance? - Difficulty walking? - Blackouts or fainting? - Frequent falls? - Do you usually get dizzy or light-headed when you stand up quickly?	SPIN22 LOSBAL22 WALK22 FAINT22 FALL22 DIZZY22				SPIN22 LOSBAL22 WALK22 FAINT22 FALL22 DIZZY22		
Interviewer IDNO	INTID22				INTID22		

Calculated Variables

NEUROLOGIC HX	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
<u>DIAGNOSIS* OF TIA/STROKE FROM</u> <u>QUESTIONNAIRE VARIABLES: Section used</u> Sudden Loss/Change of Speech Sudden Loss of Vision Sudden Spell of Double Vision Sudden Numbness or Tingling Sudden Paralysis or Weakness Sudden Dizziness or Loss of Balance	SPLOSS22 VSLOSS22 DBLVIS22 NUMTNG22 PARWK22 DIZBAL22				SPLOSS22 VSLOSS22 DBLVIS22 NUMTNG22 PARWK22 DIZBAL22		

* Diagnosis from TIA/STROKE Algorithm. Each of the Record 22 calculated variables is based on six different symptoms, any of which can indicate a possible stroke or TIA. For each symptom there are numerous questions about its location, duration, and other associated problems. Based on the responses to these questions, a value is computed for each symptom indicating the possible origin of a stroke or TIA. A zero value for a given symptom indicates either that 1) the symptom did not occur, or 2) if the symptom did occur, the subsequent responses did not suggest a stroke or TIA. The value labels for each of these variables are:

- 0=no event
- 1=TIA, vertebrobasilar insufficiency
- 2=TIA, right carotid
- 3=TIA, left carotid
- 4=stroke, vertebrobasilar insufficiency
- 5=stroke, right carotid
- 6=stroke, left carotid

The following reference provides further information about the TIA/Stroke Algorithm:

Karanjia PN, Nelson JJ, Lefkowitz DS, Dick AR, Toole JF, Chambless LE, Hayes R, Howard VJ. Validation of the ACAS TIA/stroke algorithm. *Neurology* 1997;48:346-351.

Prevalent Disease Form
(Record 40)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
Date Selection Variable	DATE40				DATE40		
Participant ID	IDNO				IDNO		
<u>MI</u>							
Exam Results	MIEXAM40				MIEXAM40		
Method of Confirmation	MIMTD40				MIMTD40		
Result of Confirmation	MIRSLT40				MIRSLT40		
Baseline Classification	MIBASE40				MIBASE40		
Current Classification	MISTAT40				MISTAT40		
<u>Angina</u>							
Exam Results	ANEXAM40				ANEXAM40		
Method of Confirmation	ANMTD40				ANMTD40		
Result of Confirmation	ANRSLT40				ANRSLT40		
Baseline Classification	ANBASE40				ANBASE40		
Current Classification	ANSTAT40				ANSTAT40		
<u>CHF</u>							
Exam Results	CHEXAM40				CHEXAM40		
Method of Confirmation	CHMTD40				CHMTD40		
Result of Confirmation	CHRSLT40				CHRSLT40		

Prevalent Disease Form (cont.)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
Baseline Classification	CHBASE40				CHBASE40		
Current Classification	CHSTAT40				CHSTAT40		
<u>Claudication</u>							
Exam Results	CLEXAM40				CLEXAM40		
Baseline Classification	CLBASE40				CLBASE40		
Current Classification	CLSTAT40				CLSTAT40		
<u>Stroke</u>							
Method of Confirmation	STMTD40				STMTD40		
Result of Confirmation	STRSLT40				STRSLT40		
Baseline Classification	STBASE40				STBASE40		
Current Classification	STSTAT40				STSTAT40		
<u>TIA</u>							
Baseline Classification	TIBASE40				TIBASE40		
Current Classification	TISTAT40				TISTAT40		
Method of Confirmation	TIMTD40				TIMTD40		
Result of Confirmation	TIRSLT40				TIRSLT40		

Quality of Life; Social Support
(Record 3)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
Date Selection Variable	KDATE03	KDATE03	KDATE03	KDATE03	KDATE03	YEAR03	YEAR03
How do you feel about life as a whole?	FEEL03	FEEL03	FEEL03	FEEL03	FEEL03	FEEL03	FEEL03
How satisfied are you with the meaning and purpose of your life?	SATISF03	SATISF03	SATISF03	SATISF03	SATISF03	SATISF03	SATISF03
How true are the following statements: - When I feel lonely there are several people I can talk to. - I often meet or talk with family or friends. - If I were sick I could easily find someone to help me with daily chores. - When I need suggestions on how to deal with a personal problem, I know someone I can turn to. - There is at least one person I know whose advice I really trust. - If I had to go out of town for a few weeks, it would be difficult to find someone to look after my apartment.	LONELY03 TALK03 SICK03 PROBS03 TRUST03 HOUSE03	LONELY03 TALK03 SICK03 PROBS03 TRUST03 HOUSE03	LONELY03 TALK03 SICK03 PROBS03 TRUST03 HOUSE03	LONELY03 TALK03 SICK03 PROBS03 TRUST03 HOUSE03	LONELY03 TALK03 SICK03 PROBS03 TRUST03 HOUSE03	LONELY03 TALK03 SICK03 PROBS03 TRUST03 HOUSE03	
Social support score (calculated as sum of questions 1-8)	SCORE03	SCORE03	SCORE03	SCORE03	SCORE03	SCORE03	
How many relatives do you see or hear from at least once per month?	RELATI03	RELATI03	RELATI03	RELATI03	RELATI03	RELATI03	

Quality of Life; Social Support (cont.)

Question	Year 8	Year 9	Year 10	Year 11	Year 12
Date Selection Variable	YEAR03	YEAR03	YEAR03	YEAR03	
How do you feel about life as a whole?	FEEL03	FEEL03	FEEL03	FEEL03	
How satisfied are you with the meaning and purpose of your life?	SATISF03	SATISF03	SATISF03	SATISF03	
<p>How true are the following statements:</p> <ul style="list-style-type: none"> - When I feel lonely there are several people I can talk to. - I often meet or talk with family or friends. - If I were sick I could easily find someone to help me with daily chores. - When I need suggestions on how to deal with a personal problem, I know someone I can turn to. - There is at least one person I know whose advice I really trust. - If I had to go out of town for a few weeks, it would be difficult to find someone to look after my apartment. 				LONELY03 TALK03 SICK03 PROBS03 TRUST03 HOUSE03	
Social support score (calculated as sum of questions 1-8)				SCORE03	
How many relatives do you see or hear from at least once per month?				RELATI03	

Quality of Life; Social Support (cont.)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
How often do you see or hear from the relative with whom you have the most contact?	BETRLT03	BETRLT03	BETRLT03	BETRLT03	BETRLT03	BETRLT03	
How many relatives do you feel close to?	CLOSE03	CLOSE03	CLOSE03	CLOSE03	CLOSE03	CLOSE03	
How many close friends do you have?	CLSFRD03	CLSFRD03	CLSFRD03	CLSFRD03	CLSFRD03	CLSFRD03	
How many of these friends do you see or hear from at least once per month?	SEEFR103	SEEFR103	SEEFR103	SEEFR103	SEEFR103	SEEFR103	
How often do you see or hear from the friend with whom you have the most contact?	SEEFR203	SEEFR203	SEEFR203	SEEFR203	SEEFR203	SEEFR203	
When you have an important decision to make, how often do you have someone you can talk to about it?	DCSN303	DCSN303	DCSN303	DCSN303	DCSN303	DCSN303	
When other people you know have an important decision to make, how often do they talk to you about it?	DCSN203	DCSN203	DCSN203	DCSN203	DCSN203	DCSN203	
Does anybody rely on you to do something for them each day? (e.g. shopping, cooking, child care, etc.)	RELYON03	RELYON03	RELYON03	RELYON03	RELYON03	RELYON03	
How often do you help anybody with things like shopping, filling out forms, child care, etc.?	HLPSHP03	HLPSHP03	HLPSHP03	HLPSHP03	HLPSHP03	HLPSHP03	

Quality of Life; Social Support (cont.)

Do you live alone or with other people? (who do you live with?)	LIVE03	LIVE03	LIVE03	LIVE03	LIVE03	LIVE03	
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Quality of Life; Social Support (cont.)

Question	Year 8	Year 9	Year 10	Year 11	Year 12
How often do you see or hear from the relative with whom you have the most contact?				BETRLT03	
How many relatives do you feel close to?				CLOSE03	
How many close friends do you have?				CLSFRD03	
How many of these friends do you see or hear from at least once per month?				SEEFR103	
How often do you see or hear from the friend with whom you have the most contact?				SEEFR203	
When you have an important decision to make, how often do you have someone you can talk to about it?				DCSN303	
When other people you know have an important decision to make, how often do they talk to you about it?				DCSN203	
Does anybody rely on you to do something for them each day? (e.g. shopping, cooking, child care, etc.)				RELYON03	
How often do you help anybody with things like shopping, filling out forms, child care, etc.?				HLPSHP03	

Quality of Life; Social Support (cont.)

Do you live alone or with other people? (who do you live with?)				LIVE03	
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Quality of Life; Social Support (cont.)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
Social Network Score (calculated as sum of questions 9-19)	NETSCR03	NETSCR03	NETSCR03	NETSCR03	NETSCR03	NETSCR03	
Answered by the interviewer: - How well was the respondent able to answer the questions? - How cooperative was the respondent in answering the questions?				IABLE03 ICOOP03	IABLE03 ICOOP03	IABLE03 ICOOP03	
Interviewer identification number	INTID03	INTID03	INTID03	INTID03	INTID03	INTID03	INTID03
Date of interview	DATE03	DATE03	DATE03	DATE03	DATE03	DATE03	DATE03

Question	Year 8	Year 9	Year 10	Year 11	Year 12
Social Network Score (calculated as sum of questions 9-19)				NETSCR03	
Answered by the interviewer: - How well was the respondent able to answer the questions? - How cooperative was the respondent in answering the questions?				IABLE03 ICOOP03	
Interviewer identification number	INTID03	INTID03	INTID03	INTID03	
Date of interview	DATE03	DATE03	DATE03	DATE03	

Depression / Life Events Form
(Record 05)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
Date of Key Entry	KDATE05	KDATE05	KDATE05	KDATE05	KDATE05	YEAR05	YEAR05
LIFE EVENTS IN THE PAST SIX MONTHS							
Have you moved? When? Was it positive or negative?	MOVE05	MOVE05 MOVWHN05 MOVPOS05	MOVE05 MOVWHN05 MOVPOS05	MOVE05 MOVWHN05 MOVPOS05	MOVE05	MOVE05 MOVWHN05 MOVPOS05	
Did a close person die?*	DIE05	DIE05	DIE05	DIE05	DIE05	DIE05	
When?*		DIEWHN05	DIEWHN05	DIEWHN05		DIEWHN05	
Who died?							
Spouse	SPOUSE05		SPOUSE05	SPOUSE05		SPOUSE05	
Brother	BROTHR05		BROTHR05	BROTHR05		BROTHR05	
Sister	SISTER05		SISTER05	SISTER05		SISTER05	
Mother	MOTHER05		MOTHER05	MOTHER05		MOTHER05	
Father	FATHER05		FATHER05	FATHER05		FATHER05	
Child	CHILD05		CHILD05	CHILD05		CHILD05	
Other relative	OTHREL05		OTHREL05	OTHREL05		OTHREL05	
Friend	FRIEND05		FRIEND05	FRIEND05		FRIEND05	
Pet	PET05		PET05	PET05		PET05	
Other	OTHER05		OTHER05	OTHER05		OTHER05	
Did you or a close person have a serious accident or illness?*	ILL05	ILL05	ILL05	ILL05	ILL05	ILL05	
When?*		ILLWHN05	ILLWHN05	ILLWHN05		ILLWHN05	
Important relationship become worse?*	WORSE05	WORSE05	WORSE05	WORSE05	WORSE05	WORSE05	
When?*		WRSWHN05	WRSWHN05	WRSWHN05		WRSWHN05	

Change in personal finances?*	FINANC05	FINANC05	FINANC05	FINANC05	FINANC05	FINANC05	
When?*		FNCWHN05	FNCWHN05	FNCWHN05		FNCWHN05	
Was it positive or negative?*	FNNCIN05	FNNCIN05	FNNCIN05	FNNCIN05	FNNCIN05	FNNCIN05	

* These variables were also collected in the Six Months Phone Follow-ups and can be found in Records 31 & 32.

Depression / Life Events Form (cont.)

Question	Year 8	Year 9	Year 10	Year 11	Year 12
Date of Key Entry	YEAR05	YEAR05	YEAR05	KDATE05	
LIFE EVENTS IN THE PAST SIX MONTHS					
Have you moved? When? Was it positive or negative?				MOVE05 MOVWHN05 MOVPOS05	
Did a close person die?*				DIE05	
When?*				DIEWHN05	
Who died?					
Spouse				SPOUSE05	
Brother				BROTHR05	
Sister				SISTER05	
Mother				MOTHER05	
Father				FATHER05	
Child				CHILD05	
Other relative				OTHREL05	
Friend				FRIEND05	
Pet				PET05	
Other				OTHER05	
Specify other				SPEC05	
Did you or a close person have a serious accident or illness?*				ILL05	
When?*				ILLWHN05	

Depression / Life Events (cont.)

Important relationship become worse?*				WORSE05 WRSWHN05	
When?*					
Change in personal finances?*				FINANC05 FNCWHN05 FNNCIN05	
When?*					
Was it positive or negative?*					

* These variables were also collected in the Six Months Phone Follow-ups and can be found in Records 31 & 32.

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
You or close person been assaulted or robbed?*	ROB05	ROB05	ROB05	ROB05	ROB05	ROB05	
When?*		ROBWHN05	ROBWHN05	ROBWHN05		ROBWHN05	
Problem caring for a sick or disabled relative?*	SICK05	SICK05	SICK05	SICK05	SICK05	SICK05	
Has it become harder in last month?*	SCKWHN05	SCKWHN05	SCKWHN05	SCKWHN05		SCKWHN05	
Have you retired, changed, or lost job?*	JOB05	JOB05	JOB05	JOB05	JOB05	JOB05	
When?*	RETIRE05	JOBWHN05	JOBWHN05	JOBWHN05		JOBWHN05	
Was it due to retirement?	RTRIN05	RTRIN05	RTRIN05	RTRIN05		RTRIN05	
Was it positive or negative?*							
Grandchild born?*	BORN05	BORN05	BORN05	BORN05	BORN05	BORN05	
Any other important things happen?*	HAPPEN05	HAPPEN05	HAPPEN05	HAPPEN05	HAPPEN05	HAPPEN05	
What happened?*	HPNSPC05	HPNSPC05	HPNSPC05	HPNSPC05		HPNSPC05	
Was it positive or negative?*	HPNIN05	HPNIN05	HPNIN05	HPNIN05		HPNIN05	

Depression / Life Events (cont.)

HOW OFTEN FELT THE FOLLOWING DURING LAST WEEK Bothered by things that usually don't							
bother	BOTHER05	BOTHER05	BOTHER05	BOTHER05	BOTHER05	BOTHER05	BOTHER05
Trouble keeping mind on task	TROUBL05	TROUBL05	TROUBL05	TROUBL05	TROUBL05	TROUBL05	TROUBL05
Everything was an effort	EFFORT05	EFFORT05	EFFORT05	EFFORT05	EFFORT05	EFFORT05	EFFORT05
Felt depressed	DEPRES05	DEPRES05	DEPRES05	DEPRES05	DEPRES05	DEPRES05	DEPRES05
Felt hopeful about future	FUTURE05	FUTURE05	FUTURE05	FUTURE05	FUTURE05	FUTURE05	FUTURE05
Felt fearful	FEAR05	FEAR05	FEAR05	FEAR05	FEAR05	FEAR05	FEAR05
Restless sleep	SLEEP05	SLEEP05	SLEEP05	SLEEP05	SLEEP05	SLEEP05	SLEEP05
Felt happy	HAPPY05	HAPPY05	HAPPY05	HAPPY05	HAPPY05	HAPPY05	HAPPY05
Felt lonely	LONLY05	LONLY05	LONLY05	LONLY05	LONLY05	LONLY05	LONLY05
Could not get going	GETGO05	GETGO05	GETGO05	GETGO05	GETGO05	GETGO05	GETGO05

* These variables were also collected in the Six Months Phone Follow-ups and can be found in Records 31 & 32.

Depression / Life Events (cont.)

Question	Year 8	Year 9	Year 10	Year 11	Year 12
You or close person been assaulted or robbed?*				ROB05	
When?*				ROBWHN05	
Problem caring for a sick or disabled relative?*				SICK05	
Has it become harder in last month?*				SCKWHN05	
Have you retired, changed, or lost job?*				JOB05	
When?*				JOBWHN05	
Was it due to retirement?				RTRIN05	
Was it positive or negative?*					
Grandchild born?*				BORN05	
Any other important things happen?*				HAPPEN05	
What happened?*				HPNSPC05	
Was it positive or negative?*				HPNIN05	
HOW OFTEN FELT THE FOLLOWING DURING LAST WEEK					
Bothered by things that usually don't bother	BOTHER05	BOTHER05	BOTHER05	BOTHER05	
Trouble keeping mind on task	TROUBL05	TROUBL05	TROUBL05	TROUBL05	
Everything was an effort	EFFORT05	EFFORT05	EFFORT05	EFFORT05	
Felt depressed	DEPRES05	DEPRES05	DEPRES05	DEPRES05	
Felt hopeful about future	FUTURE05	FUTURE05	FUTURE05	FUTURE05	
Felt fearful	FEAR05	FEAR05	FEAR05	FEAR05	
Restless sleep	SLEEP05	SLEEP05	SLEEP05	SLEEP05	
Felt happy	HAPPY05	HAPPY05	HAPPY05	HAPPY05	
Felt lonely	LONLY05	LONLY05	LONLY05	LONLY05	
Could not get going	GETGO05	GETGO05	GETGO05	GETGO05	

Depression / Life Events (cont.)

* These variables were also collected in the Six Months Phone Follow-ups and can be found in Records 31 & 32.

Depression / Life Events (cont.)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
VITAL EXHAUSTION Often feel tired? How long been feeling tired? Increased in the past year? Wake up feeling exhaustion? How long been feeling that? Feel weak all over? Can't cope with everyday probs?							
PERCEIVED STRESS SCALE Feel can't control things in your life? Felt confident about ability to handle problems? Things going your way? Too many difficulties to overcome?							
COMPOSITE SCORES Depression scale total Life events score Life events score for last month	DEPSCR05 LESCR05	DEPSCR05 LESCR05 LESCR205	DEPSCR05 LESCR05 LESCR205	DEPSCR05 LESCR05 LESCR205	DEPSCR05 LESCR05 LESCR205	DEPSCR05 LESCR05 LESCR205	DEPSCR05
Interviewer identification number Date of visit	INTID05 DATE05	INTID05 DATE05	INTID05 DATE05	INTID05 DATE05	INTID05 DATE05	INTID05 DATE05	INTID05 DATE05

Depression / Life Events (cont.)

Question	Year 8	Year 9	Year 10	Year 11	Year 12
VITAL EXHAUSTION Often feel tired? How long been feeling tired? Increased in the past year? Wake up feeling exhaustion? How long been feeling that? Feel weak all over? Can't cope with everyday probs?				TIRE05 TIRTIM05 TIRINC05 FATIG05 FATTIM05 WEAK05 COPE05	
PERCEIVED STRESS SCALE Feel can't control things in your life? Felt confident about ability to handle problems? Things going your way? Too many difficulties to overcome?				CONTRL05 CONFID05 GNGYRW05 OVRMCME05	
COMPOSITE SCORES Depression scale total Life events score Life events score for last month	DEPSCR05	DEPSCR05	DEPSCR05	DEPSCR05 LESCR05 LESCR205	
Interviewer identification number Date of visit	INTID05 DATE05	INTID05 DATE05	INTID05 DATE05	INTID05 DATE05	

Cognitive Function Form
(Records 10, 34)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	
Date Selection Variable	KDATE10	KDATE34	KDATE34	KDATE34	KDATE34	Y
<u>Temporal & Spatial Orientation</u>						
What ...						
is the year?	YEAR10					
(answer in error)	ERR110					
season of the year is it?	SEASON10	SEASON34	SEASON34	SEASON34	SEASON34	SI
(answer in error)	ERR210	ERR234	ERR234	ERR234	ERR234	El
is the date?	DATE310	DATE34	DATE34	DATE34	DATE34	D
(answer in error)	ERR310					
is the day of the week?	WEEK10	DAY34	DAY34	DAY34	DAY34	D
(answer in error)	ERR410	ERR134	ERR134	ERR134	ERR134	El
is the month?	MONTH10					
(answer in error)	ERR510					
state are we in?	STATE10	STATE34	STATE34	STATE34	STATE34	S'
(answer in error)	ERR610	ERR334	ERR334	ERR334	ERR334	El
county are we in?	COUNTY10	COUNTY34	COUNTY34	COUNTY34	COUNTY34	C
(answer in error)	ERR710	ERR434	ERR434	ERR434	ERR434	El
city/town are we in?	CITY10	CITY34	CITY34	CITY34	CITY34	C
(answer in error)	ERR810	ERR534	ERR534	ERR534	ERR534	El
floor of the building are we on?	FLOOR10					
(answer in error)	ERR910					
is this address?	ADDRES10					
(answer in error)	ERR1010					
Are we in a clinic, store, or home?		CLINIC34	CLINIC34	CLINIC34	CLINIC34	C

Cognitive Function Form (cont)

Question	Year 8	Year 9	Year 10	Year 11	Year 12
Date Selection Variable	YEAR34	YEAR34	YEAR34	YEAR34	
<u>Temporal & Spatial Orientation</u> What ... is the year? (answer in error) season of the year is it? (answer in error) is the date? (answer in error) is the day of the week? (answer in error) is the month? (answer in error) state are we in? (answer in error) county are we in? (answer in error) city/town are we in? (answer in error) floor of the building are we on? (answer in error) is this address? (answer in error) Are we in a clinic, store, or home?	SEASON34 ERR234 DATE34 DAY34 ERR134 STATE34 ERR334 COUNTY34 ERR434 CITY34 ERR534 CLINIC34	SEASON34 ERR234 DATE34 DAY34 ERR134 STATE34 ERR334 COUNTY34 ERR434 CITY34 ERR534 CLINIC34	SEASON34 ERR234 DATE34 DAY34 ERR134 STATE34 ERR334 COUNTY34 ERR434 CITY34 ERR534 CLINIC34	SEASON34 ERR234 DATE34 DAY34 ERR134 STATE34 ERR334 COUNTY34 ERR434 CITY34 ERR534 CLINIC34	

Cognitive Function Form (cont.)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
<u>Birth</u> When were you born? year month day Where? City/town (Answer) answered the question? answer when asked later answered the question? State/county (Answer) answered the question answer when asked later answered the question?		YEARB34 MONTHB34 DAYB34 CITY134 CITY234 CITY334 CITY434 STATE134 STATE234 STATE334 STATE434	YEARB34 MONTHB34 DAYB34 CITY134 CITY234 CITY334 CITY434 STATE134 STATE234 STATE334 STATE434	YEARB34 MONTHB34 DAYB34 CITY134 CITY234 CITY334 CITY434 STATE134 STATE234 STATE334 STATE434	YEARB34 MONTHB34 DAYB34 CITY134 CITY234 CITY334 CITY434 STATE134 STATE234 STAT334 STATE434	YEARB34 MONTHB34 DAYB34 CITY134 CITY234 CITY334 CITY434 STATE134 STATE234 STATE334 STATE434	YEARB34 MONTHB34 DAYB34 CITY134 CITY234 CITY334 CITY434 STATE134 STATE234 STATE334 STATE434
<u>Naming</u> What is this called? watch pencil forehead chin shoulder elbow knuckle	WATCH10 PENCIL10	WATCH34 PENCIL34 FOREHD34 CHIN34 SHLDER34 ELBOW34 KNUCKL34	WATCH34 PENCIL34 FOREHD34 CHIN34 SHLDER34 ELBOW34 KNUCKL34	WATCH34 PENCIL34 FOREHD34 CHIN34 SHLDER34 ELBOW34 KNUCKL34	WATCH34 PENCIL34 FOREHD34 CHIN34 SHLDER34 ELBOW34 KNUCKL34	WATCH34 PENCIL34 FOREHD34 CHIN34 SHLDER34 ELBOW34 KNUCKL34	WATCH34 PENCIL34 FOREHD34 CHIN34 SHLDER34 ELBOW34 KNUCKL34
<u>Animals</u> What animals have 4 legs? animal 1 ... animal 10 Number of names for 4-legged animal		ANMAL134 ... ANMAL1034 SCORE34	ANMAL134 ... ANMAL1034 SCORE34	ANMAL134 ... ANMAL103 4 SCORE34	ANMAL134 ... ANMAL1034 SCORE34	ANMAL134 ... ANMAL1034 SCORE34	ANMAL134 ... ANMAL1034 SCORE34

Cognitive Function Form (cont.)

Question	Year 8	Year 9	Year 10	Year 11	Year 12
<u>Birth</u> When were you born? year month day Where? City/town (Answer) answered the question? answer when asked later answered the question? State/county (Answer) answered the question answer when asked later answered the question?	YEARB34 MONTHB34 DAYB34 CITY134 CITY234 CITY334 CITY434 STATE134 STATE234 STATE334 STATE434	YEARB34 MONTHB34 DAYB34 CITY134 CITY234 CITY334 CITY434 STATE134 STATE234 STATE334 STATE434	YEARB34 MONTHB34 DAYB34 CITY134 CITY234 CITY334 CITY434 STATE134 STATE234 STATE334 STATE434	YEARB34 MONTHB34 DAYB34 CITY134 CITY234 CITY334 CITY434 STATE134 STATE234 STATE334 STATE434	
<u>Naming</u> What is this called? watch pencil forehead chin shoulder elbow knuckle	WATCH34 PENCIL34 FOREHD34 CHIN34 SHLDER34 ELBOW34 KNUCKL34	WATCH34 PENCIL34 FOREHD34 CHIN34 SHLDER34 ELBOW34 KNUCKL34	WATCH34 PENCIL34 FOREHD34 CHIN34 SHLDER34 ELBOW34 KNUCKL34	WATCH34 PENCIL34 FOREHD34 CHIN34 SHLDER34 ELBOW34 KNUCKL34	
<u>Animals</u> What animals have 4 legs? animal 1 ... animal 10 Number of names for 4-legged animal	ANMAL134 ... ANMAL1034 SCORE34	ANMAL134 ... ANMAL1034 SCORE34	ANMAL134 ... ANMAL103 4 SCORE34	ANMAL134 ... ANMAL1034 SCORE34	

Cognitive Function Form (cont.)

[illegible]

Cognitive Function Form (cont.)

Cognitive Function Form (cont.)

Question	Year 8	Year 9	Year 10	Year 11	Year 12
<u>Similarities</u> In what ways are ... alike? an arm & a leg laughing & crying eating & sleeping	ARMLEG34 LAUGH34 EAT34	ARMLEG34 LAUGH34 EAT34	ARMLEG34 LAUGH34 EAT34	ARMLEG34 LAUGH34 EAT34	
<u>Registration & Recall</u> Repeat ... word1 word2 word3 Number of presentations necess for patient to repeat. What were they? (repeat 2nd time) word1 word2 word3 Repeat 3rd time word1 word2 word3 Repeat 'No ifs, ands or buts' no ifs ands or buts Repeat 'I would like to go home/out'	SHOES134 BROWN134 HONES134 NUM134 SHOES234 BROWN234 HONES234 SHOES334 BROWN334 HONES334 NOIFS34 ANDS34 BUTS34 REPEAT34	SHOES134 BROWN134 HONES134 NUM134 SHOES234 BROWN234 HONES234 SHOES334 BROWN334 HONES334 NOIFS34 ANDS34 BUTS34 REPEAT34	SHOES134 BROWN134 HONES134 NUM134 SHOES234 BROWN234 HONES234 SHOES334 BROWN334 HONES334 NOIFS34 ANDS34 BUTS34 REPEAT34	SHOES134 BROWN134 HONES134 NUM134 SHOES234 BROWN234 HONES234 SHOES334 BROWN334 HONES334 NOIFS34 ANDS34 BUTS34 REPEAT34	
Read a card & do what it says	CLSEYE34	CLSEYE34	CLSEYE34	CLSEYE34	
<u>Three Stage Command</u> Takes paper in right hand Folds paper in half puts paper down on lap or hands back	TAKE34 FOLD34 HAND34	TAKE34 FOLD34 HAND34	TAKE34 FOLD34 HAND34	TAKE34 FOLD34 HAND34	

Cognitive Function Form (cont.)

Cognitive Function Form (cont.)

[illegible]

Cognitive Function Form (cont.)

Cognitive Function Form (cont.)

Question	Year 8	Year 9	Year 10	Year 11	Year 12
<u>Math</u> a. $100 - 7 = 93$ Answer b. ... - 7 Answer ... e. ... - 7 Answer					
<u>Mental Reversal</u> Count 1-5 (Correct?) Count backwards (5-1) 1st number ... 5th number Spell 'world' Spell 'world' backwards D - Answer Correct? L - Answer Correct? ... W - Answer Correct?	COUNTF34 COUNT134 ... COUNT534 SPELLF34 SPELL134 SPELL234 ... SPELL534	COUNTF34 COUNT134 ... COUNT534 SPELLF34 SPELL134 SPELL234 ... SPELL534	COUNTF34 COUNT134 ... COUNT534 SPELLF34 SPELL134 SPELL234 ... SPELL534	COUNTF34 COUNT134 ... COUNT534 SPELLF34 SPELL134 SPELL234 ... SPELL534	
<u>Writing</u> Write any complete sentence Write 'I would like to go home/out' would like to go home	WOULD34 LIKE34 TO34 GO34 HOME34	WOULD34 LIKE34 TO34 GO34 HOME34	WOULD34 LIKE34 TO34 GO34 HOME34	WOULD34 LIKE34 TO34 GO34 HOME34	

Cognitive Function Form (cont.)

Cognitive Function Form (cont.)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
<u>Copy a drawing</u> pentagon 1 pentagon 2 intersection	DRAW10	PENT134 PENT234 INTER34	PENT134 PENT234 INTER34	PENT134 PENT234 INTER34	PENT134 PENT234 INTER34	PENT134 PENT234 INTER34	PENT134 PENT234 INTER34
<u>Dominant Hand</u> Hand used to write Hand use to throw a ball Hand use to hold a toothbrush		WHHAND34	WHHAND34 BALL34 TEETH34	WHHAND34 BALL34 TEETH34	WHHAND34 BALL34 TEETH34	WHHAND34 BALL34 TEETH34	WHHAND34 BALL34 TEETH34
Special problems? Primary problem Describe Secondary problem	PROBS10 SPEC10	PROBS34 SPEC34	PROBS34 SPEC34	PROBS34 PPROB34 SPEC34 SPEC234	PROBS34 PPROB34 SPEC34 SPEC234	PROBS34 PPROB34 SPEC34 SPEC234	PROBS34 PPROB34 SPEC34 SPEC234
<u>Score</u> Sum of above scores Sum of maximum scores Corrected score (30 point) 35 point score Summary score (computed for 100pt)*	RAWSCR10 MAXSCR10 CORSCR10 SCORE3510 MODMM10						
<u>Digit-Symbol Substitution Task</u> Digit substitution indicator Test items Number of symbols correctly coded Number of symbols incorrectly coded	DIGIT10 DIGCOR10 DIGERR10	TEST34 DIGCOR34 DIGERR34	TEST34 DIGCOR34 DIGERR34	TEST34 DIGCOR34 DIGERR34	TEST34 DIGCOR34 DIGERR34	TEST34 DIGCOR34 DIGERR34	TEST34 DIGCOR34 DIGERR34

Cognitive Function Form (cont.)

<u>Frustration Before Visual Test</u> How frustrated do you feel right now? Systolic Blood Pressure Diastolic Blood Pressure							
---	--	--	--	--	--	--	--

* Score134 is the 100 point score and MODMM10 is computed from CORSCR10

Cognitive Function Form (cont.)

Question	Year 8	Year 9	Year 10	Year 11	Year 12
<u>Copy a drawing</u> pentagon 1 pentagon 2 intersection	PENT134 PENT234 INTER34	PENT134 PENT234 INTER34	PENT134 PENT234 INTER34	PENT134 PENT234 INTER34	
<u>Dominant Hand</u> Hand used to write Hand use to throw a ball Hand use to hold a toothbrush	WHHAND34	WHHAND34	WHHAND34	WHHAND34	
Special problems? Primary problem Describe Secondary problem	PROBS34 PPROB34 SPEC34 SPEC234	PROBS34 PPROB34 SPEC34 SPEC234	PROBS34 PPROB34 SPEC34 SPEC234	PROBS34 PPROB34 SPEC34 SPEC234	
<u>Score</u> Sum of above scores Sum of maximum scores Corrected score (30 point) 35 point score Summary score (computed for 100pt)*	SCORE134	SCORE134	SCORE134	SCORE134	
<u>Digit-Symbol Substitution Task</u> Digit substitution indicator Test items Number of symbols correctly coded Number of symbols incorrectly coded	TEST34 DIGCOR34 DIGERR34	TEST34 DIGCOR34 DIGERR34	TEST34 DIGCOR34 DIGERR34	TEST34 DIGCOR34 DIGERR34	

Cognitive Function Form (cont.)

<u>Frustration Before Visual Test</u> How frustrated do you feel right now? Systolic Blood Pressure Diastolic Blood Pressure				FRUST134 SYS134 DIA134	
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Cognitive Function Form (cont.)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
<u>Frustration After Visual Test</u> How frustrated do you feel right now? Systolic Blood Pressure Diastolic Blood Pressure							
<u>Visual Retention Test</u> Design Number 1 Design Number 10						DSGN0134 ... DSGN1034	DSGN0134 ... DSGN1034
<u>Technician Observations</u> Have you observed signs of cognitive impairment? Judgement based on: hygiene or personal care inconsistencies in speech memory problems / lapses problems following directions emotional responses							
Interviewer Identification Number Date of Visit	INTID34 IDATE34	INTID34 IDATE34	INTID34 IDATE34	INTID34 IDATE34	INTID34 IDATE34	INTID34 IDATE34	INTID34 IDATE34

Cognitive Function Form (cont.)

Question	Year 8	Year 9	Year 10	Year 11	Year 12
<u>Frustration After Visual Test</u> How frustrated do you feel right now? Systolic Blood Pressure Diastolic Blood Pressure				FRUST234 SYS234 DIA234	
<u>Visual Retention Test</u> Design Number 1 ... Design Number 10	DSGN0134 ... DSGN1034	DSGN0134 ... DSGN1034		DSGN0134 ... DSGN1034	
<u>Technician Observations</u> Have you observed signs of cognitive impairment? Judgement based on: hygiene or personal care inconsistencies in speech memory problems / lapses problems following directions emotional responses			IMPAIR34 HYGIEN34 SPEECH34 MEMORY34 DIRECT34 EMOTIO34	IMPAIR34 HYGIEN34 SPEECH34 MEMORY34 DIRECT34 EMOTIO34	
Interviewer Identification Number Date of Visit	INTID34 IDATE34	INTID34 IDATE34	INTID34 IDATE34	INTID34 IDATE34	

Telephone Interview for Cognitive Status (TICS)*
(Record 67)

Question	Year 8	Year 9	Year 10	Year 11	Year 12
Date Selection Variable	YEAR67	YEAR67	YEAR67	YEAR67	
Tell me your full name: First name Last name	FNAME67 LNAME67	FNAME67 LNAME67	FNAME67 LNAME67	FNAME67 LNAME67	
What is today's date?: Month Day Year	TMONTH67 TDAY67	TMONTH67 TDAY67 TYEAR67	TMONTH67 TDAY67 TYEAR67	TMONTH67 TDAY67 TYEAR67	
What is the day of the week? Day (erroneous response)	WKDAY67 WKDERR67	WKDAY67 WKDERR67	WKDAY67 WKDERR67	WKDAY67 WKDERR67	
What season of the year is it? Season (erroneous response)	SEASON67 SEAERR67	SEASON67 SEAERR67	SEASON67 SEAERR67	SEASON67 SEAERR67	
What is your home address? House number Street City Zip code	HOUSNO67 STREET67 CITY67 ZIP67	HOUSNO67 STREET67 CITY67 ZIP67	HOUSNO67 STREET67 CITY67 ZIP67	HOUSNO67 STREET67 CITY67 ZIP67	
Count backwards from 20 to 1	COUNTB67	COUNTB67	COUNTB67	COUNTB67	
Remember 10 words Cabin Pipe Elephant Chest Silk Theater Watch Whip Pillow Giant	CABIN67 PIPE67 ELEPH67 CHEST67 SILK67 THEATR67 WATCH67 WHIP67 PILLOW67 GIANT67	CABIN67 PIPE67 ELEPH67 CHEST67 SILK67 THEATR67 WATCH67 WHIP67 PILLOW67 GIANT67	CABIN67 PIPE67 ELEPH67 CHEST67 SILK67 THEATR67 WATCH67 WHIP67 PILLOW67 GIANT67	CABIN67 PIPE67 ELEPH67 CHEST67 SILK67 THEATR67 WATCH67 WHIP67 PILLOW67 GIANT67	

Telephone Interview for Cognitive Status (cont.)

* Administered for the first time in Year 8, thus no table for Baseline-Year 7 is included.

Question	Year 8	Year 9	Year 10	Year 11	Year 12
Subtraction: 100-7 Response 93-7 Response 86-7 Response 79-7 Response 72-7 Response	SUB167 SUB1RE67 SUB267 SUB2RE67 SUB367 SUB3RE67 SUB467 SUB4RE67 SUB567 SUB5RE67	SUB167 SUB1RE67 SUB267 SUB2RE67 SUB367 SUB3RE67 SUB467 SUB4RE67 SUB567 SUB5RE67	SUB167 SUB1RE67 SUB267 SUB2RE67 SUB367 SUB3RE67 SUB467 SUB4RE67 SUB567 SUB5RE67	SUB167 SUB1RE67 SUB267 SUB2RE67 SUB367 SUB3RE67 SUB467 SUB4RE67 SUB567 SUB5RE67	
What do people use to cut paper?	PAPCUT67	PAPCUT67	PAPCUT67	PAPCUT67	
How many in a dozen?	DOZEN67	DOZEN67	DOZEN67	DOZEN67	
Prickly green plant from in the desert?	CACTUS67	CACTUS67	CACTUS67	CACTUS67	
What animal does wool come from?	WOOLAN67	WOOLAN67	WOOLAN67	WOOLAN67	
Say: No if's And's Or but's	NOIFS67 ANDS67 ORBUTS67	NOIFS67 ANDS67 ORBUTS67	NOIFS67 ANDS67 ORBUTS67	NOIFS67 ANDS67 ORBUTS67	
Say "Methodist Episcopal"	METHEP67	METHEP67	METHEP67	METHEP67	
Who is President of the U.S.? Who is Vice President of the U.S.?	PRESID67 VPRES67	PRESID67 VPRES67	PRESID67 VPRES67	PRESID67 VPRES67	
Tap five times on phone receiver	FTAPS67	FTAPS67	FTAPS67	FTAPS67	
What is opposite of 'west'? What is opposite of 'generous'?	OPPOS167 OPPOS267	OPPOS167 OPPOS267	OPPOS167 OPPOS267	OPPOS167 OPPOS267	

Any special problems noted?			PROBS67	PROBS67	
Interviewer ID Date	INTID67 INTDAT67	INTID67 INTDAT67	INTID67 INTDAT67	INTID67 INTDAT67	

Informant Questionnaire on Cognitive Decline (IQCODE)*
(Record 68)

Question	Year 8	Year 9	Year 10	Year 11	Year 12
Date Selection Variable	YEAR68	YEAR68	YEAR68	YEAR68	
<u>Compared with 10 years ago, how is the person at:</u>					
Recognizing faces of friends Remember names of family and friends Remember things about family (e.g. occupation, birthday, address)	FACES68 NAMES68 FAMTHG68	FACES68 NAMES68 FAMTHG68	FACES68 NAMES68 FAMTHG68	FACES68 NAMES68 FAMTHG68	
Remember recent things Recalling conversations few days later	RECENT68 CONVER68	RECENT68 CONVER68	RECENT68 CONVER68	RECENT68 CONVER68	
Forget things in middle of conversation	MIDCON68	MIDCON68	MIDCON68	MIDCON68	
Remember own address and phone #	ADPHN68	ADPHN68	ADPHN68	ADPHN68	
Remember current day and month	DAYMON68	DAYMON68	DAYMON68	DAYMON68	
Remember where things are kept	WHERE68	WHERE68	WHERE68	WHERE68	
Remember where to find things put in different place	FIND68	FIND68	FIND68	FIND68	
Adjusting to changes in daily routing	CHANGE68	CHANGE68	CHANGE68	CHANGE68	

Know how to work familiar machines	FAMMAC68	FAMMAC68	FAMMAC68	FAMMAC68	
Learn to work new machine	NEWMAC68	NEWMAC68	NEWMAC68	NEWMAC68	
Learn new things in general	NEWTHG68	NEWTHG68	NEWTHG68	NEWTHG68	
Remember things that happened in youth	HAPPEN68	HAPPEN68	HAPPEN68	HAPPEN68	

* Administered for the first time in Year 8, thus no table for Baseline-Year 7 is included.

Informant Interview on Cognitive Decline (cont.)

Question	Year 8	Year 9	Year 10	Year 11	Year 12
Remember things learned in youth	LEARND68	LEARND68	LEARND68	LEARND68	
Understand meaning of unusual words	WORDS68	WORDS68	WORDS68	WORDS68	
Understanding magazine/newspaper articles	ARTICL68	ARTICL68	ARTICL68	ARTICL68	
Following story in book or on TV	STORY68	STORY68	STORY68	STORY68	
Compose letter for friends or business	LETTER68	LETTER68	LETTER68	LETTER68	
Know important historical events	HISTORY68	HISTORY68	HISTORY68	HISTORY68	
Make decisions about everyday matters	DECISN68	DECISN68	DECISN68	DECISN68	
Handle money for shopping	MONEY68	MONEY68	MONEY68	MONEY68	
Handling financial matters	FINANC68	FINANC68	FINANC68	FINANC68	
Handle everyday arithmetic problems	ARITH68	ARITH68	ARITH68	ARITH68	

Use intelligence to understand/ reason	INTELL68	INTELL68	INTELL68	INTELL68	
Administered because of death			DEATH68	DEATH68	
Any special problems encountered			PROBS68	PROBS68	
Interviewer ID Interview Date	INTID68 INTDAT68	INTID68 INTDAT68	INTID68 INTDAT68	INTID68 INTDAT68	

Calculated Variables

COGNITIVE VARIABLES Variable Label	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
Cognitive function category	COG*						

*The cognitive function categories are based on the 30-point Mini-Mental Score at baseline: COG=1 if Normal, defined by score ≥ 27 ; COG=2 if Mild Impairment, defined by score 24-26; COG=3 if Moderate Impairment, defined by score 18-23; COG=4 if Severe Impairment, defined by score 0-17.

Trails A & B Form**
(Record 80)

Question	Year 8	Year 9	Year 10	Year 11	Year 12
Date Selection Variable				YEAR80	
Test Completed?				TSTDNE80	
Reason test incomplete or not done Specify other reson				WHYNOT80 OTHSPC80	
Trailmaking Part A Time (sec) Number of Errors Number of points connected				TIMEA80 ERRA80 PTSCA80	
Trailmaking Part B Time (sec) Number of Errors Number of points connected				TIMEB80 ERRB80 PTSCB80	
Interviewer identification number Date of Visit				INTID80 DATE80	

** Trailmaking was not accessed before Year 11, so no table is shown for Baseline - Year 7.

Physical Activity Form
(Record 04)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
Date of Key Entry	KDATE04			KDATE04	KDATE04		
PHYSICAL ACTIVITIES DONE IN THE PAST TWO WEEKS							
Walking for exercise How often? Average time spent per session? How many months per year?	WALK04 WALKFR04 WALKTM04 WALKMO04			WALK04 WALKFR04 WALKTM04 WALKMO04	WALK04 WALKFR04 WALKTM04 WALKMO04		
Moderately strenuous household chores How often? Average time spent per session? How many months per year?	CHOR04 CHORFR04 CHORTM04 CHORMO04			CHOR04 CHORFR04 CHORTM04 CHORMO04	CHOR04 CHORFR04 CHORTM04 CHORMO04		
Mowing the lawn How often? Average time spent per session? How many months per year?	MOW04 MOWFR04 MOWTM04 MOWMO04			MOW04 MOWFR04 MOWTM04 MOWMO04	MOW04 MOWFR04 MOWTM04 MOWMO04		
Raking the lawn How often? Average time spent per session? How many months per year?	RAKE04 RAKEFR04 RAKETM04 RAKEMO04			RAKE04 RAKEFR04 RAKETM04 RAKEMO04	RAKE04 RAKEFR04 RAKETM04 RAKEMO04		
Gardening How often? Average time spent per session? How many months per year?	GRDN04 GRDNFR04 GRDNTM04 GRDNMO04			GRDN04 GRDNFR04 GRDNTM04 GRDNMO04	GRDN04 GRDNFR04 GRDNTM04 GRDNMO04		

Physical Activity Form (cont.)

Question	Year 8	Year 9	Year 10	Year 11	Year 12
Date of Key Entry		KDATE04			
PHYSICAL ACTIVITIES DONE IN THE PAST TWO WEEKS					
Walking for exercise How often? Average time spent per session? How many months per year?		WALK04 WALKFR04 WALKTM04 WALKMO04			
Moderately strenuous household chores How often? Average time spent per session? How many months per year?		CHOR04 CHORFR04 CHORTM04 CHORMO04			
Mowing the lawn How often? Average time spent per session? How many months per year?		MOW04 MOWFR04 MOWTM04 MOWMO04			
Raking the lawn How often? Average time spent per session? How many months per year?		RAKE04 RAKEFR04 RAKETM04 RAKEMO04			
Gardening How often? Average time spent per session? How many months per year?		GRDN04 GRDNFR04 GRDNTM04 GRDNMO04			

Physical Activity Form (cont.)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
Hiking How often? Average time spent per session? How many months per year?	HIKE04 HIKEFR04 HIKETM04 HIKEMO04			HIKE04 HIKEFR04 HIKETM04 HIKEMO04	HIKE04 HIKEFR04 HIKETM04 HIKEMO04		
Jogging How often? Average time spent per session? How many months per year?	JOG04 JOGFR04 JOGTM04 JOGMO04			JOG04 JOGFR04 JOGTM04 JOGMO04	JOG04 JOGFR04 JOGTM04 JOGMO04		
Biking How often? Average time spent per session? How many months per year?	BIKE04 BIKEFR04 BIKETM04 BIKEMO04			BIKE04 BIKEFR04 BIKETM04 BIKEMO04	BIKE04 BIKEFR04 BIKETM04 BIKEMO04		
Exercise cycle How often? Average time spent per session? How many months per year?	EXCY04 EXCYFR04 EXCYTM04 EXCYMO04			EXCY04 EXCYFR04 EXCYTM04 EXCYMO04	EXCY04 EXCYFR04 EXCYTM04 EXCYMO04		
Dancing How often? Average time spent per session? How many months per year?	DANC04 DANCFR04 DANCTM04 DANCMO04			DANC04 DANCFR04 DANCTM04 DANCMO04	DANC04 DANCFR04 DANCTM04 DANCMO04		
Aerobics/aerobic dance How often? Average time spent per session? How many months per year?	AERO04 AEROFR04 AEROTM04 AEROMO04			AERO04 AEROFR04 AEROTM04 AEROMO04	AERO04 AEROFR04 AEROTM04 AEROMO04		
Bowling How often? Average time spent per session? How many months per year?	BOWL04 BOWLFR04 BOWLTM04 BOWLMO04			BOWL04 BOWLFR04 BOWLTM04 BOWLMO04	BOWL04 BOWLFR04 BOWLTM04 BOWLMO04		

Physical Activity Form (cont.)

Question	Year 8	Year 9	Year 10	Year 11	Year 12
Hiking How often? Average time spent per session? How many months per year?		HIKE04 HIKEFR04 HIKETM04 HIKEMO04			
Jogging How often? Average time spent per session? How many months per year?		JOG04 JOGFR04 JOGTM04 JOGMO04			
Biking How often? Average time spent per session? How many months per year?		BIKE04 BIKEFR04 BIKETM04 BIKEMO04			
Exercise cycle How often? Average time spent per session? How many months per year?		EXCY04 EXCYFR04 EXCYTM04 EXCYMO04			
Dancing How often? Average time spent per session? How many months per year?		DANC04 DANCFR04 DANCTM04 DANCMO04			
Aerobics/aerobic dance How often? Average time spent per session? How many months per year?		AERO04 AEROFR04 AEROTM04 AEROMO04			
Bowling How often? Average time spent per session? How many months per year?		BOWL04 BOWLFR04 BOWLTM04 BOWLMO04			

Physical Activity Form (cont.)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
Golf How often? Average time spent per session? How many months per year?	GOLF04 GOLFFR04 GOLFTM04 GOLFMO04			GOLF04 GOLFFR04 GOLFTM04 GOLFMO04	GOLF04 GOLFFR04 GOLFTM04 GOLFMO04		
Singles tennis How often? Average time spent per session? How many months per year?	TENN04 TENNFR04 TENNTM04 TENNMO04						
Doubles tennis How often? Average time spent per session? How many months per year?	TNNS04 TNNSFR04 TNNSTM04 TNNSMO04						
Racquetball How often? Average time spent per session? How many months per year?	RBAL04 RBALFR04 RBALTM04 RBALMO04						
Calisthenics/general exercise How often? Average time spent per session? How many months per year?	EXER04 EXERFR04 EXERTM04 EXERMO04			EXER04 EXERFR04 EXERTM04 EXERMO04	EXER04 EXERFR04 EXERTM04 EXERMO04		
Swimming How often? Average time spent per session? How many months per year?	SWIM04 SWIMFR04 SWIMTM04 SWIMMO04			SWIM04 SWIMFR04 SWIMTM04 SWIMMO04	SWIM04 SWIMFR04 SWIMTM04 SWIMMO04		
Other activity Activity Name How often? Average time spent per session? How many months per year?	OTH104 NAME104 OTH1FR04 OTH1TM04 OTH1MO04			OTH104 NAME104 OTH1FR04 OTH1TM04 OTH1MO04	OTH104 NAME104 OTH1FR04 OTH1TM04 OTH1MO04		

Physical Activity Form (cont.)

Question	Year 8	Year 9	Year 10	Year 11	Year 12
Golf How often? Average time spent per session? How many months per year?		GOLF04 GOLFFR04 GOLFTM04 GOLFM004			
Singles tennis How often? Average time spent per session? How many months per year?					
Doubles tennis How often? Average time spent per session? How many months per year?					
Racquetball How often? Average time spent per session? How many months per year?					
Calisthenics/general exercise How often? Average time spent per session? How many months per year?		EXER04 EXERFR04 EXERTM04 EXERMO04			
Swimming How often? Average time spent per session? How many months per year?		SWIM04 SWIMFR04 SWIMTM04 SWIMMO04			
Other activity Activity Name How often? Average time spent per session? How many months per year?		OTH104 NAME104 OTH1FR04 OTH1TM04 OTH1MO04			

Physical Activity Form (cont.)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
Other activity Activity Name How often? Average time spent per session? How many months per year?	OTH204 NAME204 OTH2FR04 OTH2TM04 OTH2MO04			OTH204 NAME204 OTH2FR04 OTH2TM04 OTH2MO04	OTH204 NAME204 OTH2FR04 OTH2TM04 OTH2MO04		
How many city blocks or equivalent walked in last week? How many city blocks or miles walked in last week? Blocks or miles?	BLOCK04	BLOCK38	BLOCK39	BLOCK04 BLMILE04	BLOCK04 BLMILE04	BLOCK59 BLMILE59	BLOCK59 BLMILE59
What is your usual walking pace?	PACE04	PACE38	PACE39	PACE04	PACE04	PACE59	PACE59
How many flights of stairs climbed in last week?	FLIGHT04		STAIR39	FLIGHT04	FLIGHT04	FLIGHT59	FLIGHT59
Level of activity since last year?	ACTLEV04	LEVEL38	LEVEL39	ACTLEV04	ACTLEV04	ACTLEV59	ACTLEV59
How many hours spent sleeping during the day in 24 hours?							
How many hours spent sleeping during the night in 24 hours?							
How many hours spent seated or lying down in 24 hours?	SEAT04		LIE39	SEAT04	SEAT04	SEAT59	SEAT59
How many hours spent seated or lying down in 24 hours, excluding sleep?							
Prior to age 65, describe the level of physical activity compared to others your same age and sex?	ACTIV104				ACTIV104		

Physical Activity Form (cont.)

Question	Year 8	Year 9	Year 10	Year 11	Year 12
Other activity Activity Name How often? Average time spent per session? How many months per year? How many city blocks or equivalent walked in last week? How many city blocks or miles walked in last week? Blocks or miles?		OTH204 NAME204 OTH2FR04 OTH2TM04 OTH2MO04			
	BLOCK59 BLMILE59	BLOCK04 BLMILE04	BLOCK59 BLMILE59	BLOCK59 BLMILE59	
What is your usual walking pace?	PACE59	PACE04	PACE59	PACE59	
How many flights of stairs climbed in last week?		FLIGHT04	FLIGHT59	FLIGHT59	
Level of activity since last year?		ACTLEV04	ACTLEV59	ACTLEV59	
How many hours spent sleeping during the day in 24 hours?		SLPDAY04	SLDAY59	SLDAY59	
How many hours spent sleeping during the night in 24 hours?		SLPNGT04	SLNITE59	SLNITE59	
How many hours spent seated or lying down in 24 hours?	SEAT59		SEAT59	SEAT59	
How many hours spent seated or lying down in 24 hours, excluding sleep?		LYING04			
Prior to age 65, describe the level of physical activity compared to others your same age and sex?					

Physical Activity Form (cont.)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
Since age 65, describe the level of physical activity compared to your prior adult life?	ACTIV204				ACTIV204		
Since age 65, have these activities decreased, increased, not changed, or are not applicable. Walking briskly Gardening Household chores	WLKCHN04 GDNCHN04 CHRCHN04				WLKCHN04 GDNCHN04 CHRCHN04		
Another activity changed since age 65? Decreased, increased or not changed?	OTHER304 CHN304				OTHER304 CHN304		
Another activity changed since age 65? Decreased, increased or not changed?	OTHER404 CHN404				OTHER404 CHN404		
Interviewer identification number	INTID04	INTID38	INTID39	INTID04	INTID04	INTID59	INTID59
Date of visit	DATE04	INTDAT38	INTDAT39	DATE04	DATE04	INTDAT59	INTDAT59

(Other physical activity/functioning questions were asked on the Year 11 Medical History form. See the Duke Activity Status Index section.)

Physical Activity Form (cont.)

Question	Year 8	Year 9	Year 10	Year 11	Year 12
Since age 65, describe the level of physical activity compared to your prior adult life?					
Since age 65, have these activities decreased, increased, not changed, or are not applicable. Walking briskly Gardening Household chores					
Another activity changed since age 65? Decreased, increased or not changed?					
Another activity changed since age 65? Decreased, increased or not changed?					
Interviewer identification number	INTID59	INITID04	INTID59	INTID59	
Date of visit	INTDAT59	DATE04	INTDAT59	INTDAT59	

(Other physical activity/functioning questions were asked on the Year 11 Medical History form. See the Duke Activity Status Index section.)

Calculated Variables

PHYSICAL ACT. VARIABLES Variable Label	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
Blocks walked per week	(BLOCK04)	(BLOCK38)	(BLOCK39)	BLOCKS	BLOCKS	BLOCKS	BLOCKS
Exercise intensity	EXINTEN*			EXINTEN*	EXINTEN*		
Total Kcals phys activity	KCAL†			KCAL†	KCAL†		
Total Kcals-no chores	KCAL2**			KCAL2**	KCAL2**		

*EXINTEN is a categorical exercise intensity variable, calculated from the physical activities listed in Question #1 of Record 04. Participants who engaged in one or more of six high-intensity activities, including swimming, hiking, aerobics, tennis, jogging, or racquetball, or who walked for exercise at a brisk (>4mph (6.4 kmph)) pace were categorized as having engaged in high-intensity activity (EXINTEN=3). Participants who engaged in one or more of nine light- or moderate-intensity activities including gardening, mowing, raking, golf, bowling, biking, dancing, calisthenics, or exercise cycle, or who walked for exercise at an average pace (>2-3 mph (>3.2-4.8 kmph)) were categorized as having engaged in moderate-intensity activity (EXINTEN=2). Participants who walked for exercise at a casual or strolling pace (<2 mph (<3.2 kmph)) were categorized as having engaged in low-intensity activity (EXINTEN=1). Participants who did not report participating in any of the 15 leisure-time activities were categorized with EXINTEN=0 (no exercise). The following reference describes exercise intensity in detail:

Siscovick DS, Fried L, Mittelmark M, Rutan G, Bild D, O'Leary DH. Exercise Intensity and Subclinical Cardiovascular Disease in the Elderly. The Cardiovascular Health Study. American Journal of Epidemiology 1997; Vol. 145, No.11:977-986.

†Kilocalories expended in all physical activities listed in Question #1 of Record 04. The Year 5 KCAL variable is not directly comparable to the baseline KCAL variable, which included questions on tennis and racketball that were not included at Year 5.

**Kilocalories expended in physical activities as above, but excluding household chores.

PHYSICAL ACT. VARIABLES Variable Label	Year 8	Year 9	Year 10	Year 11	Year 12
Blocks walked per week	BLOCKS				
Exercise intensity					
Total Kcals phys activity					

PHYSICAL ACT. VARIABLES Variable Label	Year 8	Year 9	Year 10	Year 11	Year 12
Total Kcals-no chores					

Physical Functioning Form
(Record 9)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
Date Selection Variable	DATE09	DATE09	DATE09	DATE09	DATE09	YEAR09	YEAR09
Do you have difficulty ...							
walking one-half a mile*	WHMILE09	WHMILE09	WHMILE09	WHMILE09	WHMILE09	WHMILE09	WHMILE09
how much difficulty	WHMDIF09	WHMDIF09	WHMDIF09	WHMDIF09	WHMDIF09	WHMDIF09	WHMDIF09
how long have you had difficulty	WHMTIM09	WHMTIM09			WHMTIM09		
what is the main symptom	WHMSYM09	WHMSYM09	WHMSYM09	WHMSYM09	WHMSYM09	WHMSYM09	WHMSYM09
what is the main condition	WHMDIS09	WHMDIS09	WHMDIS09	9	WHMDIS09	WHMDIS09	WHMDIS09
		WHOME09	WHOME09	WHMDIS09	WHOME09	WHOME09	WHOME09
walking around your home	WHOME09			WHOME09			
how much difficulty	WHODIF09	WHODIF09	WHODIF09		WHODIF09	WHODIF09	WHODIF09
how long have you had difficulty	WHOTIM09	WHOTIM09		WHODIF09	WHOTIM09		
what is the main symptom	WHOSYM09	WHOSYM09	WHOSYM09		WHOSYM09	WHOSYM09	WHOSYM09
what is the main condition	WHODIS09	WHODIS09	WHODIS09	WHOSYM09	WHODIS09	WHODIS09	WHODIS09
				WHODIS09			
getting out of bed or a chair	BED09	BED09	BED09		BED09	BED09	BED09
how much difficulty	BEDDIF09	BEDDIF09	BEDDIF09	BED09	BEDDIF09	BEDDIF09	BEDDIF09
how long have you had difficulty	BEDTIM09	BEDTIM09		BEDDIF09	BEDTIM09		
what is the main symptom	BEDSYM09	BEDSYM09	BEDSYM09		BEDSYM09	BEDSYM09	BEDSYM09
what is the main condition	BEDDIS09	BEDDIS09	BEDDIS09	BEDSYM09	BEDDIS09	BEDDIS09	BEDDIS09
				BEDDIS09			
walking up 10 steps*	STEPS09	STEPS09	STEPS09		STEPS09	STEPS09	STEPS09
how much difficulty	STPDIF09	STPDIF09	STPDIF09	STEPS09	STPDIF09	STPDIF09	STPDIF09
how long have you had difficulty	STPTIM09	STPTIM09		STPDIF09	STPTIM09		
what is the main symptom	STPSYM09	STPSYM09	STPSYM09		STPSYM09	STPSYM09	STPSYM09
what is the main condition	STPDIS09	STPDIS09	STPDIS09	STPSYM09	STPDIS09	STPDIS09	STPDIS09
				STPDIS09			

* Similar questions were asked in the Six-Month Follow-up Forms (Rec 31&32)

Physical Functioning Form (cont.)

Question	Year 8	Year 9	Year 10	Year 11	Year 12
Date Selection Variable	YEAR09	YEAR09	YEAR09	YEAR09	
Do you have difficulty ...					
walking one-half a mile*	WHMILE09	WHMILE09	WHMILE09	WHMILE09	
how much difficulty	WHMDIF09	WHMDIF09	WHMDIF09	WHMDIF09	
how long have you had difficulty					
what is the main symptom	WHMSYM09	WHMSYM09	WHMSYM09	WHMSYM09	
what is the main condition	WHMDIS09	WHMDIS09	WHMDIS09	WHMDIS09	
walking around your home	WHOME09	WHOME09	WHOME09	WHOME09	
how much difficulty	WHODIF09	WHODIF09	WHODIF09	WHODIF09	
how long have you had difficulty					
what is the main symptom	WHOSYM09	WHOSYM09	WHOSYM09	WHOSYM09	
what is the main condition	WHODIS09	WHODIS09	WHODIS09	WHODIS09	
getting out of bed or a chair	BED09	BED09	BED09	BED09	
how much difficulty	BEDDIF09	BEDDIF09	BEDDIF09	BEDDIF09	
how long have you had difficulty					
what is the main symptom	BEDSYM09	BEDSYM09	BEDSYM09	BEDSYM09	
what is the main condition	BEDDIS09	BEDDIS09	BEDDIS09	BEDDIS09	
walking up 10 steps*	STEPS09	STEPS09	STEPS09	STEPS09	
how much difficulty	STPDIF09	STPDIF09	STPDIF09	STPDIF09	
how long have you had difficulty					
what is the main symptom	STPSYM09	STPSYM09	STPSYM09	STPSYM09	
what is the main condition	STPDIS09	STPDIS09	STPDIS09	STPDIS09	

* Similar questions were asked in the Six-Month Follow-up Forms (Rec 31&32)

Physical Functioning Form (cont.)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
Do you have difficulty or are unable ... to do heavy housework* how much difficulty how long have you had difficulty what is the main symptom what is the main condition	HHWORK09 HHWDIF09 HHWTIM09 HHWSYM09 HHWDIS09	HHWORK09 HHWDIF09 HHWTIM09 HHWSYM09 HHWDIS09	HHWORK09 HHWDIF09 HHWSYM09 HHWDIS09	HHWORK09 HHWDIF09 HHWSYM09 HHWDIS09	HHWORK09 HHWDIF09 HHWTIM09 HHWSYM09 HHWDIS09	HHWORK09 HHWDIF09 HHWSYM09 HHWDIS09	HHWORK09 HHWDIF09 HHWSYM09 HHWDIS09
to do light housework how much difficulty how long have you had difficulty what is the main symptom what is the main condition	LHWORK09 LHWDIF09 LHWTIM09 LHWSYM09 LHWDIS09	LHWORK09 LHWDIF09 LHWTIM09 LHWSYM09 LHWDIS09	LHWORK09 LHWDIF09 LHWSYM09 LHWDIS09	LHWORK09 LHWDIF09 LHWSYM09 LHWDIS09	LHWORK09 LHWDIF09 LHWTIM09 LHWSYM09 LHWDIS09	LHWORK09 LHWDIF09 LHWSYM09 LHWDIS09	LHWORK09 LHWDIF09 LHWSYM09 LHWDIS09
to do shopping for personal items how much difficulty how long have you had difficulty what is the main symptom what is the main condition	SHOP09 SHPDIF09 SHPTIM09 SHPSYM09 SHPDIS09	SHOP09 SHPDIF09 SHPTIM09 SHPSYM09 SHPDIS09	SHOP09 SHPDIF09 SHPSYM09 SHPDIS09	SHOP09 SHPDIF09 SHPSYM09 SHPDIS09	SHOP09 SHPDIF09 SHPDIF09 SHPSYM09 SHPDIS09	SHOP09 SHPDIF09 SHPSYM09 SHPDIS09	SHOP09 SHPDIF09 SHPSYM09 SHPDIS09
to prepare your own meals how much difficulty how long have you had difficulty what is the main symptom what is the main condition	PREPAR09 PRPDIF09 PRPTIM09 PRPSYM09 PRPDIS09	PREPAR09 PRPDIF09 PRPTIM09 PRPSYM09 PRPDIS09	PREPAR09 PRPDIF09 PRPSYM09 PRPDIS09	PREPAR09 PRPDIF09 PRPSYM09 PRPDIS09	PREPAR09 PRPDIF09 PRPTIM09 PRPSYM09 PRPDIS09	PREPAR09 PRPDIF09 PRPSYM09 PRPDIS09	PREPAR09 PRPDIF09 PRPSYM09 PRPDIS09
to manage your money how much difficulty how long have you had difficulty what is the main symptom what is the main condition	PAY09 PAYDIF09 PAYTIM09 PAYSYM09 PAYDIS09	PAY09 PAYDIF09 PAYTIM09 PAYSYM09 PAYDIS09	PAY09 PAYDIF09 PAYSYM09 PAYDIS09	PAY09 PAYDIF09 PAYSYM09 PAYDIS09	PAY09 PAYDIF09 PAYTIM09 PAYSYM09 PAYDIS09	PAY09 PAYDIF09 PAYSYM09 PAYDIS09	PAY09 PAYDIF09 PAYSYM09 PAYDIS09

* Similar questions were asked in the Six-Month Follow-up Forms (Rec 31&32)

Physical Functioning Form (cont.)

Question	Year 8	Year 9	Year 10	Year 11	Year 12
Do you have difficulty or are unable ...	HHWORK09	HHWORK09	HHWORK09	HHWORK09	
to do heavy housework*	HHWDIF09	HHWDIF09	HHWDIF09	HHWDIF09	
how much difficulty					
how long have you had difficulty	HHWSYM09	HHWSYM09	HHWSYM09	HHWSYM09	
what is the main symptom	HHWDIS09	HHWDIS09	HHWDIS09	HHWDIS09	
what is the main condition					
to do light housework	LHWORK09	LHWORK09	LHWORK09	LHWORK09	
how much difficulty	LHWDIF09	LHWDIF09	LHWDIF09	LHWDIF09	
how long have you had difficulty	LHWSYM09	LHWSYM09	LHWSYM09	LHWSYM09	
what is the main symptom	LHWDIS09	LHWDIS09	LHWDIS09	LHWDIS09	
what is the main condition					
to do shopping for personal items	SHOP09	SHOP09	SHOP09	SHOP09	
how much difficulty	SHPDIF09	SHPDIF09	SHPDIF09	SHPDIF09	
how long have you had difficulty	SHPSYM09	SHPSYM09	SHPSYM09	SHPSYM09	
what is the main symptom	SHPDIS09	SHPDIS09	SHPDIS09	SHPDIS09	
what is the main condition					
to prepare your own meals	PREPAR09	PREPAR09	PREPAR09	PREPAR09	
how much difficulty	PRPDIF09	PRPDIF09	PRPDIF09	PRPDIF09	
how long have you had difficulty	PRPSYM09	PRPSYM09	PRPSYM09	PRPSYM09	
what is the main symptom	PRPDIS09	PRPDIS09	PRPDIS09	PRPDIS09	
what is the main condition					
to manage your money	PAY09	PAY09	PAY09	PAY09	
how much difficulty	PAYDIF09	PAYDIF09	PAYDIF09	PAYDIF09	
how long have you had difficulty	PAYSYM09	PAYSYM09	PAYSYM09	PAYSYM09	
what is the main symptom	PAYDIS09	PAYDIS09	PAYDIS09	PAYDIS09	
what is the main condition					

* Similar questions were asked in the Six-Month Follow-up Forms (Rec 31&32)

Physical Functioning Form (cont.)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
Do you have difficulty or are unable ... to use the telephone how much difficulty how long have you had difficulty what is the main symptom what is the main condition	PHONE09 PHNDIF09 PHNTIM09 PHNSYM09 PHNDIS09	PHONE09 PHNDIF09 PHNTIM09 PHNSYM09 PHNDIS09	PHONE09 PHNDIF09 PHNSYM09 PHNDIS09	PHONE09 PHNDIF09 PHNSYM09 PHNDIS09	PHONE09 PHNDIF09 PHNTIM09 PHNSYM09 PHNDIS09	PHONE09 PHNDIF09 PHNSYM09 PHNDIS09	PHONE09 PHNDIF09 PHNSYM09 PHNDIS09
to eat including feeding yourself how much difficulty how long have you had difficulty what is the main symptom what is the main condition	EAT09 EATDIF09 EATTIM09 EATSYM09 EATDIS09	EAT09 EATDIF09 EATTIM09 EATSYM09 EATDIS09	EAT09 EATDIF09 EATSYM09 EATDIS09	EAT09 EATDIF09 EATSYM09 EATDIS09	EAT09 EATDIF09 EATTIM09 EATSYM09 EATDIS09	EAT09 EATDIF09 EATSYM09 EATDIS09	EAT09 EATDIF09 EATSYM09 EATDIS09
to dress yourself how much difficulty how long have you had difficulty what is the main symptom what is the main condition	DRESS09 DRSDIF09 DRSTIM09 DRSSYM09 DRSDIS09	DRESS09 DRSDIF09 DRSTIM09 DRSSYM09 DRSDIS09	DRESS09 DRSDIF09 DRSSYM09 DRSDIS09	DRESS09 DRSDIF09 DRSSYM09 DRSDIS09	DRESS09 DRSDIF09 DRSTIM09 DRSSYM09 DRSDIS09	DRESS09 DRSDIF09 DRSSYM09 DRSDIS09	DRESS09 DRSDIF09 DRSSYM09 DRSDIS09
to bathe or shower how much difficulty how long have you had difficulty what is the main symptom what is the main condition	BATHE09 BTHDIF09 BTHTIM09 BTHSYM09 BTHDIS09	BATHE09 BTHDIF09 BTHTIM09 BTHSYM09 BTHDIS09	BATHE09 BTHDIF09 BTHSYM09 BTHDIS09	BATHE09 BTHDIF09 BTHSYM09 BTHDIS09	BATHE09 BTHDIF09 BTHTIM09 BTHSYM09 BTHDIS09	BATHE09 BTHDIF09 BTHSYM09 BTHDIS09	BATHE09 BTHDIF09 BTHSYM09 BTHDIS09
to use the toilet how much difficulty how long have you had difficulty what is the main symptom what is the main condition	TOILET09 TLTDIF09 TLTTIM09 TLTSYM09 TLTDIS09	TOILET09 TLTDIF09 TLTTIM09 TLTSYM09 TLTDIS09	TOILET09 TLTDIF09 TLTSYM09 TLTDIS09	TOILET09 TLTDIF09 TLTSYM09 TLTDIS09	TOILET09 TLTDIF09 TLTTIM09 TLTSYM09 TLTDIS09	TOILET09 TLTDIF09 TLTSYM09 TLTDIS09	TOILET09 TLTDIF09 TLTSYM09 TLTDIS09

Physical Functioning Form (cont.)

Question	Year 8	Year 9	Year 10	Year 11	Year 12
Do you have difficulty or are unable ... to use the telephone how much difficulty how long have you had difficulty what is the main symptom what is the main condition	PHONE09 PHNDIF09 PHNSYM09 PHNDIS09	PHONE09 PHNDIF09 PHNSYM09 PHNDIS09	PHONE09 PHNDIF09 PHNSYM09 PHNDIS09	PHONE09 PHNDIF09 PHNSYM09 PHNDIS09	
to eat including feeding yourself how much difficulty how long have you had difficulty what is the main symptom what is the main condition	EAT09 EATDIF09 EATSYM09 EATDIS09	EAT09 EATDIF09 EATSYM09 EATDIS09	EAT09 EATDIF09 EATSYM09 EATDIS09	EAT09 EATDIF09 EATSYM09 EATDIS09	
to dress yourself how much difficulty how long have you had difficulty what is the main symptom what is the main condition	DRESS09 DRSDIF09 DRSSYM09 DRSDIS09	DRESS09 DRSDIF09 DRSSYM09 DRSDIS09	DRESS09 DRSDIF09 DRSSYM09 DRSDIS09	DRESS09 DRSDIF09 DRSSYM09 DRSDIS09	
to bathe or shower how much difficulty how long have you had difficulty what is the main symptom what is the main condition	BATHE09 BTHDIF09 BTHSYM09 BTHDIS09	BATHE09 BTHDIF09 BTHSYM09 BTHDIS09	BATHE09 BTHDIF09 BTHSYM09 BTHDIS09	BATHE09 BTHDIF09 BTHSYM09 BTHDIS09	
to use the toilet how much difficulty how long have you had difficulty what is the main symptom what is the main condition	TOILET09 TLTDIF09 TLTSYM09 TLTDIS09	TOILET09 TLTDIF09 TLTSYM09 TLTDIS09	TOILET09 TLTDIF09 TLTSYM09 TLTDIS09	TOILET09 TLTDIF09 TLTSYM09 TLTDIS09	

Physical Functioning Form (cont.)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
Do you have any difficulty ...							
lifting or carrying something heavy	LIFTNG09	LIFTNG09	LIFTNG09	LIFTNG09	LIFTNG09	LIFTNG09	LIFTNG09
how much difficulty	LFTDIF09	LFTDIF09	LFTDIF09	LFTDIF09	LFTDIF09	LFTDIF09	LFTDIF09
how long have you had difficulty	LFTTIM09	LFTTIM09			LFTTIM09		
which extremity causes the	LFTEXT09	LFTEXT09	LFTEXT09	LFTEXT09	LFTEXT09	LFTEXT09	LFTEXT09
problem	LFTSYM09	LFTSYM09	LFTSYM09	LFTSYM09	LFTSYM09	LFTSYM09	LFTSYM09
what causes the difficulty	LFTDIS09	LFTDIS09	LFTDIS09	LFTDIS09	LFTDIS09	LFTDIS09	LFTDIS09
what is the main condition							
reaching out	REACH09	REACH09	REACH09	REACH09	REACH09	REACH09	REACH09
how much difficulty	RCHDIF09	RCHDIF09	RCHDIF09	RCHDIF09	RCHDIF09	RCHDIF09	RCHDIF09
how long have you had difficulty	RCHTIM09	RCHTIM09			RCHTIM09		
which extremity causes the	RCHEXT09	RCHEXT09	RCHEXT09	RCHEXT09	RCHEXT09	RCHEXT09	RCHEXT09
problem	RCHSYM09	RCHSYM09	RCHSYM09	RCHSYM09	RCHSYM09	RCHSYM09	RCHSYM09
what causes the difficulty	RCHDIS09	RCHDIS09	RCHDIS09	RCHDIS09	RCHDIS09	RCHDIS09	RCHDIS09
what is the main condition							
gripping with your hands	GRIPNG09	GRIPNG09	GRIPNG09	GRIPNG09	GRIPNG09	GRIPNG09	GRIPNG09
how much difficulty	GRPDIF09	GRPDIF09	GRPDIF09	GRPDIF09	GRPDIF09	GRPDIF09	GRPDIF09
how long have you had difficulty	GRPTIM09	GRPTIM09			GRPTIM09		
which extremity causes the	GRPEXT09	GRPEXT09	GRPEXT09	GRPEXT09	GRPEXT09	GRPEXT09	GRPEXT09
problem	GRPSYM09	GRPSYM09	GRPSYM09	GRPSYM09	GRPSYM09	GRPSYM09	GRPSYM09
what causes the difficulty	GRPDIS09	GRPDIS09	GRPDIS09	GRPDIS09	GRPDIS09	GRPDIS09	GRPDIS09
what is the main condition							
Were there any other symptoms or conditions?				OTHSYM09	OTHSYM09	OTHSYM09	OTHSYM09
record other symptoms				SYMPT109	SYMPT109	SYMPT109	SYMPT109
record other conditions/diseases				SYMPT209	SYMPT209	SYMPT209	SYMPT209
Interviewer Identification Number	INTID09	INTID09	INTID09	INTID09	INTID09	INTID09	INTID09
Interview Date	INTDAT09	INTDAT09	INTDAT09	INTDAT09	INTDAT09	INTDAT09	INTDAT09

(Other physical activity/functioning questions were asked on the Year 11 Medical History form. See the Duke Activity Status Index section.)

Physical Functioning Form (cont.)

Physical Functioning Form (cont.)

Question	Year 8	Year 9	Year 10	Year 11	Year 12
Do you have any difficulty ...					
lifting or carrying something heavy	LIFTNG09	LIFTNG09	LIFTNG09	LIFTNG09	
how much difficulty	LFTDIF09	LFTDIF09	LFTDIF09	LFTDIF09	
how long have you had difficulty					
which extremity causes the	LFTEXT09	LFTEXT09	LFTEXT09	LFTEXT09	
problem	LFTSYM09	LFTSYM09	LFTSYM09	LFTSYM09	
what causes the difficulty	LFTDIS09	LFTDIS09	LFTDIS09	LFTDIS09	
what is the main condition					
reaching out	REACH09	REACH09	REACH09	REACH09	
how much difficulty	RCHDIF09	RCHDIF09	RCHDIF09	RCHDIF09	
how long have you had difficulty					
which extremity causes the	RCHEXT09	RCHEXT09	RCHEXT09	RCHEXT09	
problem	RCHSYM09	RCHSYM09	RCHSYM09	RCHSYM09	
what causes the difficulty	RCHDIS09	RCHDIS09	RCHDIS09	RCHDIS09	
what is the main condition					
gripping with your hands	GRIPNG09	GRIPNG09	GRIPNG09	GRIPNG09	
how much difficulty	GRPDIF09	GRPDIF09	GRPDIF09	GRPDIF09	
how long have you had difficulty					
which extremity causes the	GRPEXT09	GRPEXT09	GRPEXT09	GRPEXT09	
problem	GRPSYM09	GRPSYM09	GRPSYM09	GRPSYM09	
what causes the difficulty	GRPDIS09	GRPDIS09	GRPDIS09	GRPDIS09	
what is the main condition					
Were there any other symptoms or conditions?	OTHSYM09	OTHSYM09	OTHSYM09	OTHSYM09	
record other symptoms	SYMPT109	SYMPT109	SYMPT109	SYMPT109	
record other conditions/diseases	SYMPT209	SYMPT209	SYMPT209	SYMPT209	
Completed by: Participant or Proxy			DATACL09	DATACL09	
Interviewer Identification Number	INTID09	INTID09	INTID09	INTID09	
Interview Date	INTDAT09	INTDAT09	INTDAT09	INTDAT09	

(Other physical activity/functioning questions were asked on the Year 11 Medical History form. See the Duke Activity Status Index section.)

Calculated Variables (Physical Activity)

IADLs / ADLs VARIABLES Variable Label	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
Activities of Daily Living	ADL*	ADL*	ADL*	ADL*	ADL*	ADL*	ADL*
Instrumental ADL score	IADL†	IADL†	IADL†	IADL†	IADL†	IADL†	IADL†
Upper extremity score	UES**	UES**	UES**	UES**	UES**	UES**	UES**

*ADL records the number of tasks (0-6) that the participant has difficulty with from the following list: walking around the home, getting out of bed, eating, dressing, bathing, using the toilet.

†IADL records the number of tasks (0-6) that the participant has difficulty with from the following list: heavy housework, light housework, shopping, preparing meals, paying bills, using the phone.

**UES records the number of tasks (0-3) that the participant has difficulty with from the following list: lifting, reaching, gripping.

IADLs / ADLs VARIABLES Variable Label	Year 8	Year 9	Year 10	Year 11	Year 12
Activities of Daily Living	ADL*				
Instrumental ADL score	IADL†				
Upper extremity score	UES**				

--Calculated Variables for Year 9 and later will be added as save files are made.

Physical Exam Form
(Record 17)

(See Performance Based Measures--Record 27--for all of the procedures during follow-up years)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
Date Selection Variable Participant ID Version of this Form Interviewer ID	DATE17 IDNO VERS17 INTID17						
<u>Measured Walk</u> Gait test done Time, in seconds, to walk 15 feet	DONE17 TIME17						
<u>Grip Strength</u> Pain in wrist or hands Surgery on Hands	PAINHD17 SURGHD17						
<u>First Hand</u> Hand Tested Position of Dynamometer First Grip Strength (1) in KG First Grip Strength (2) in KG First Grip Strength (3) in KG	HAND117 DYNAM117 TRY117 TRY217 TRY317						
<u>Second Hand</u> Hand Tested Position of Dynamometer Second Grip Strength (1) in KG Second Grip Strength (2) in KG Second Grip Strength (3) in KG	HAND217 DYNAM217 TRY21I17 TRY22I17 TRY23I17						

Physical Exam Form (cont.)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
<u>General Physical Exam</u>							
<u>Chest, Lungs</u> Bilateral Rales-do not clear with cough <u>Heart</u> Systolic Murmur Diastolic Murmur <u>Carotid Bruits</u> Right - Supraclavicular Fossa Right - Angle of Jaw Right - Intensity Left - Supraclavicular Fossa Left - Angle of Jaw Left - Intensity <u>Extremities</u> Pitting Ankle Edema	LUNG17 SYSTOL17 DIASTO17 FOSSAR17 JAWR17 INTENR17 FOSSAL17 JAWL17 INTENL17 EDEMA17						
<u>Chair Stands</u>							
<u>Single Chair Stand</u> Safe to stand up without using arms Could you try to stand up without using arms? Code the reason task not performed Specify the reason for not attempted Number of attempts to rise Code for rises	STD117 STDT17 RSN117 SPERE117 NRISE117 RISE117						

Physical Exam Form (cont.)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
<u>Repeated Chair Stands</u> Safe to stand up without using arms 5 times Code the reason task not performed Specify the reason for not attempted Heart Rate (30 sec) before chair stands Number of completed chair rises	STD517 RSN217 SPERS217 HRATEB17 NRISE517						
Heart Rate (30 sec) after chair stands	HRATEA17						
Number of seconds to complete chair stands	NSEC17						
Chair height	CHAIR17						
<u>Other Physical Findings/Comments</u>							
Other physical findings/comments	OTHER17						
Specify other findings	SPEOTH17						

Performance-Based Measurements Form
(Record 27)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
Date Selection Variable	DATE17		KDATE27	KDATE27	KDATE27	YEAR27	YEAR27
<u>Measured Walk</u> Does (Is) the participant ... able to do a tandem stand? use an assistive device for walking? If yes, what type of device Other, specify use a lower extremity orthosis? missing any limb? If yes, which limb? Left arm? Right arm? Left leg? Right leg? use a prosthesis? If yes, which limb? Left arm? Right arm? Left leg? Right leg? able to walk 15 feet? Uses assistive device on walk? Time (sec) to walk Number of steps taken			TANDEM27 DEVICE27 DEVTYP27 TYPSPC27 ORTHOS27 LIMB27 MLARM27 MRARM27 MLLEG27 MRLEG27 PROTHE27 PLARM27 PRARM27 PLLEG27 PRLEG27 WLKDON27	TANDEM27 DEVICE27 DEVTYP27 TYPSPC27 ORTHOS27 LIMB27 MLARM27 MRARM27 MLLEG27 MRLEG27 PROTHE27 PLARM27 PRARM27 PLLEG27 PRLEG27 WLKDON27 USEDEV27	TANDEM27 DEVICE27 DEVTYP27 TYPSPC27 ORTHOS27 LIMB27 MLARM27 MRARM27 MLLEG27 MRLEG27 PROTHE27 PLARM27 PRARM27 PLLEG27 PRLEG27 WLKDON27 USEDEV27 TIME27 STEPS27	TANDEM27 DEVICE27 DEVTYP27 TYPSPC27 ORTHOS27 LIMB27 MLARM27 MRARM27 MLLEG27 MRLEG27 PROTHE27 PLARM27 PRARM27 PLLEG27 PRLEG27 WLKDON27 USEDEV27 TIME27 STEPS27	DEVICE27 DEVTYP27 TYPSPC27 ORTHOS27 LIMB27 MLARM27 MRARM27 MLLEG27 MRLEG27 PROTHE27 PLARM27 PRARM27 PLLEG27 PRLEG27 WLKDON27 USEDEV27 TIME27 STEPS27
	DONE17						
	TIME17	WALK33	TIME27	TIME27	TIME27	TIME27	TIME27
			STEPS27	STEPS27	STEPS27	STEPS27	STEPS27

Performance-Based Measurements Form (cont)

Question	Year 8	Year 9	Year 10	Year 11	Year 12
Date Selection Variable	YEAR27	YEAR27	YEAR27	YEAR27	
<u>Measured Walk</u>					
Does (Is) the participant ...					
able to do a tandem stand?					
use an assistive device for walking?	DEVICE27	DEVICE27	DEVICE27	DEVICE27	
If yes, what type of device	DEVTYP27	DEVTYP27	DEVTYP27	DEVTYP27	
Other, specify	TYPSPC27	TYPSPC27	TYPSPC27	TYPSPC27	
use a lower extremity orthosis?	ORTHOS27	ORTHOS27	ORTHOS27	ORTHOS27	
missing any limb?	LIMB27	LIMB27	LIMB27	LIMB27	
If yes, which limb?					
Left arm?	MLARM27	MLARM27	MLARM27	MLARM27	
Right arm?	MRARM27	MRARM27	MRARM27	MRARM27	
Left leg?	MLLEG27	MLLEG27	MLLEG27	MLLEG27	
Right leg?	MRLEG27	MRLEG27	MRLEG27	MRLEG27	
use a prosthesis?	PROTHE27	PROTHE27	PROTHE27	PROTHE27	
If yes, which limb?					
Left arm?	PLARM27	PLARM27	PLARM27	PLARM27	
Right arm?	PRARM27	PRARM27	PRARM27	PRARM27	
Left leg?	PLLEG27	PLLEG27	PLLEG27	PLLEG27	
Right leg?	PRLEG27	PRLEG27	PRLEG27	PRLEG27	
paralysis of extremity or side of			PARAL27	PARAL27	
body?			PARSID27	PARSID27	
If yes, which side?	WLKDON27	WLKDON27	WLKDON27	WLKDON27	
able to walk 15 feet?	USEDEV27	USEDEV27	USEDEV27	USEDEV27	
Uses assistive device on walk?	TIME27	TIME27	TIME27	TIME27	
Time (sec) to walk	STEPS27	STEPS27	STEPS27	STEPS27	
Number of steps taken					

Performance-Based Measurements Form (cont)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
<u>Grip Strength</u> Can participant lift arm to the table? Left arm Right arm Ask "Have you had ... a recent worsening of pain/arthritis in your wrist or tendonitis? any surgery on your hands/arms? Was grip strength test done? Code for dominant hand being tested 1st try 2nd try 3rd try Code for other hand being tested 1st try 2nd try 3rd try			LLARM27 LRARM27 PAINHD27 SURGHD27 GRIP27 HAND127 TRY127 TRY227 TRY327 HAND227 TRY21I27 TRY22I27 TRY23I27	LLARM27 LRARM27 PAINHD27 SURGHD27 GRIP27 HAND127 TRY127 TRY227 TRY327 HAND227 TRY21I27 TRY22I27 TRY23I27	LLARM27 LRARM27 PAINHD27 SURGHD27 GRIP27 HAND127 TRY127 TRY227 TRY327 HAND227 TRY21I27 TRY22I27 TRY23I27	LLARM27 LRARM27 PAINHD27 SURGHD27 GRIP27 HAND127 TRY127 TRY227 TRY327 HAND227 TRY21I27 TRY22I27 TRY23I27	LLARM27 LRARM27 PAINHD27 SURGHD27 GRIP27 HAND127 TRY127 TRY227 TRY327 HAND227 TRY21I27 TRY22I27 TRY23I27
<u>Chair Stands</u> Ask "Do you think safe for you to stand up from a chair w/out using your arms? you could stand up from a chair w/out using your arms? Code the reason task was not performed Other, specify Number of attempts to rise Rises (description)	STD117 STDT17 RSN117 SPERE117 NRISE117 RISE117		SAFE27 TRYSTD27 NOTAT127 SPEC127 ATTMP127 RISETY27	SAFE27 TRYSTD27 NOTAT127 SPEC127 ATTMP127 RISETY27	SAFE27 TRYSTD27 NOTAT127 SPEC127 ATTMP127 RISETY27	SAFE27 TRYSTD27 NOTAT127 SPEC127 ATTMP127 RISETY27	

Performance-Based Measurements Form (cont.)

Question	Year 8	Year 9	Year 10	Year 11	Year 12
<u>Grip Strength</u> Can participant lift arm to the table? Left arm Right arm Ask "Have you had ... a recent worsening of pain/arthritis in your wrist or tendonitis? safely squeeze as hard as you can? any surgery on your hands/arms? Was grip strength test done? Code for dominant hand being tested 1st try 2nd try 3rd try Code for other hand being tested 1st try 2nd try 3rd try	LLARM27 LRARM27 PAINHD27 SURGHD27 GRIP27 HAND127 TRY127 TRY227 TRY327 HAND227 TRY21I27 TRY22I27 TRY23I27	LLARM27 LRARM27 PAINHD27 SAFSQZ27 SURGHD27 GRIP27 HAND127 TRY127 TRY227 TRY327 HAND227 TRY21I27 TRY22I27 TRY23I27	LLARM27 LRARM27 PAINHD27 SAFSQZ27 SURGHD27 GRIP27 HAND127 TRY127 TRY227 TRY327	LLARM27 LRARM27 PAINHD27 SAFSQZ27 SURGHD27 GRIP27 HAND127 TRY127 TRY227 TRY327	
<u>Chair Stands</u> Ask "Do you think safe for you to stand up from a chair w/out using your arms? you could stand up from a chair w/out using your arms? Code the reason task was not performed Other, specify Number of attempts to rise Rises (description)	SAFE27 TRYSTD27 NOTAT127 SPEC127 ATTMP127 RISETY27	SAFE27 TRYSTD27 NOTAT127 SPEC127 ATTMP127 RISETY27	SAFE27 TRYSTD27 NOTAT127 SPEC127 ATTMP127 RISETY27	SAFE27 TRYSTD27 NOTAT127 SPEC127 ATTMP127 RISETY27	

Performance-Based Measurements Form (cont.)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
<u>Repeated Chair Stands</u> Ask "... safe for you to stand up from a chair w/out using arms 5 times? Reason task not attempted Other, specify Heart rate (30 sec) prior to chair stands Systolic BP prior to chair stands Diastolic BP prior to chair stand Number of completed chair rises Heart rate (30 sec) after chair stands Systolic BP after chair stands Diastolic BP after chair stands Number of seconds Chair height	STD517 RSN217 SPERS217 HRATEB17 NRISE517 HRATEA17 NSEC17 CHAIR17		SAFE527 NOTAT227 SPEC227 PRE27 RISES27 POST27 CTIME27 HEIGHT27	SAFE527 NOTAT227 SPEC227 PRE27 RISES27 POST27 CTIME27 HEIGHT27	SAFE527 NOTAT227 SPEC227 PRE27 RISES27 POST27 CTIME27 HEIGHT27	SAFE527 NOTAT227 SPEC227 PRE27 RISES27 POST27 CTIME27 HEIGHT27	
<u>Finger-Tapping Test</u> Which hand done first (dominant hand) Number of taps in 15 sec Left hand Right hand			TAPHND27 TAPLFT27 TAPRT27	TAPHND27 TAPLFT27 TAPRT27	TAPHND27 TAPLFT27 TAPRT27	TAPHND27 TAPLFT27 TAPRT27	TAPHND27 TAPLFT27 TAPRT27
<u>Key in Lock</u> Participant able to pick up key? Able to put key in lock? Able to open lock? Time (sec) to complete task			PICKUP27 LOCK27 OPEN27 LTIME27	PICKUP27 LOCK27 OPEN27 LTIME27	PICKUP27 LOCK27 OPEN27 LTIME27	PICKUP27 LOCK27 OPEN27 LTIME27	
<u>Medication Container & Telephone</u> Participant able to open med container? Able to dial numbers on telephone?			MEDIC27 PHONE27	MEDIC27	MEDIC27	MEDIC27	

Performance-Based Measurements Form (cont.)

<u>Standard Shirt</u> Participant able to put on shirt? Able to button shirt? Time needed to put on & button shirt			SHIRT27 BUTTON27 STIME27	SHIRT27 BUTTON27 STIME27	SHIRT27 BUTTON27 STIME27	SHIRT27 BUTTON27 STIME27	
Question	Year 8	Year 9	Year 10	Year 11	Year 12		
<u>Repeated Chair Stands</u> Ask "... safe for you to stand up from a chair w/out using arms 5 times? Reason task not attempted Other, specify Heart rate (30 sec) prior to chair stands Systolic BP prior to chair stands Diastolic BP prior to chair stand Number of completed chair rises Heart rate (30 sec) after chair stands Systolic BP after chair stands Diastolic BP after chair stands Number of seconds Chair height	SAFE527 NOTAT227 SPEC227 PRE27 RISES27 POST27 CTIME27 HEIGHT27	SAFE527 NOTAT227 SPEC227 PRE27 RISES27 POST27 CTIME27 HEIGHT27	SAFE527 NOTAT227 SPEC227 PRE27 RISES27 POST27 CTIME27 HEIGHT27	SAFE527 NOTAT227 SPEC227 PRE27 SYSPRE27 DIAPRE27 RISES27 POST27 SYSPST27 DIAPST27 CTIME27 HEIGHT27			
<u>Finger-Tapping Test</u> Which hand done first (dominant hand) Number of taps in 15 sec Left hand Right hand	TAPHND27 TAPLFT27 TAPRT27	TAPHND27 TAPLFT27 TAPRT27	TAPHND27 TAPLFT27 TAPRT27	TAPHND27 TAPLFT27 TAPRT27			
<u>Key in Lock</u> Participant able to pick up key? Able to put key in lock? Able to open lock? Time (sec) to complete task							

Performance-Based Measurements Form (cont.)

<u>Medication Container & Telephone</u> Participant able to open med container? Able to dial numbers on telephone?							
<u>Standard Shirt</u> Participant able to put on shirt? Able to button shirt? Time needed to put on & button shirt							
Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
<u>Balance Stands</u> ** Participant able to do side-by-side stand for 10 seconds? Number of seconds if less than 10. Participant able to do semi-tandem stand for 10 seconds? Number of seconds if less than 10. Participant able to do tandem stand for 10 seconds? Number of seconds if less than 10.							
<u>Leg Lift</u> Participant able to lift leg while standing to 90 deg at hip & knee? Left leg Right leg			LLEG27 LRLEG27	LLEG27 LRLEG27	LLEG27 LRLEG27	LLEG27 LRLEG27	LLEG27 LRLEG27
Interviewer Date	INTID17		INTID27 DATE27	INTID27 DATE27	INTID27 DATE27	INTID27 DATE27	INTID27 DATE27

** See Measured Walk at the beginning of this record.

Performance-Based Measurements Form (cont.)

Question	Year 8	Year 9	Year 10	Year 11	Year 12
<u>Balance Stands</u> Participant able to do side-by-side stand for 10 seconds? Number of seconds if less than 10. Participant able to do semi-tandem stand for 10 seconds? Number of seconds if less than 10. Participant able to do tandem stand for 10 seconds? Number of seconds if less than 10.		SIDE27 SIDETM27 SEMI27 SEMITM27 TAND27 TANDTM27	SIDE27 SIDETM27 SEMI27 SEMITM27 TAND27 TANDTM27	SIDE27 SIDETM27 SEMI27 SEMITM27 TAND27 TANDTM27	
<u>Leg Lift</u> Participant able to lift leg while standing to 90 deg at hip & knee? Left leg Right leg		LLGLFT27 RLGLFT27	LLGLFT27 RLGLFT27	LLGLFT27 RLGLFT27	
Interviewer Date	INTID27 DATE27	INTID27 DATE27	INTID27 DATE27	INTID27 DATE27	

Calculated Variables

PERFORM. BASED VARIABLES Variable Label	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
Average of three grip strength attempts in dominant hand (kg)	DOMGRIP		DOMGRIP	DOMGRIP	DOMGRIP	DOMGRIP	DOMGRIP
Average of three grip strength attempts in non-dominant hand (kg)	NDOMGRIP						

PERFORM. BASED VARIABLES Variable Label	Year 8	Year 9	Year 10	Year 11	Year 12
Average of three grip strength attempts in dominant hand (kg)	DOMGRIP				
Average of three grip strength attempts in non-dominant hand (kg)					

--Calculated Variables for Year 9 and later will be added as save files are made.

Audiometry Form **
(Record 79)

Question	Year 8	Year 9	Year 10	Year 11	Year 12
Data selection variable				YEAR79	
Do you use a hearing aid? Which ear(s)?				HEARAD79 EAR79	
Evidence of infection in either ear?				INFECT79	
Wax present in the ears?				WAX79	
Audiometry test done? Reason test incomplete or not done Specify other reason				TSTDNE79 WHYNOT79 OTHSPC79	
<u>Air conduction TRIAL 1</u> Left Ear - Frequency PT 1000 2000 4000 500 Right Ear - Frequency PT 1000 2000 4000 500				FPTL179 F1L179 F2L179 F4L179 F5L179 FPTR179 F1R179 F2R179 F4R179 F5R179	

** Administered for the first time in Year 11.

Audiometry Form (cont.)

Question	Year 8	Year 9	Year 10	Year 11	Year 12
<u>Air conduction TRIAL 2</u> Left Ear - Frequency PT 1000 2000 4000 500 Right Ear - Frequency PT 1000 2000 4000 500				FPTL279 F1L279 F2L279 F4L279 F5L279 FPTR279 F1R279 F2R279 F4R279 F5R279	
Technician Identification Number Date of procedure				TECHID79 DATE79	

Vibration/Tuning Fork Form**
(Record 83)

Question	Year 8	Year 9	Year 10	Year 11	Year 12
Data selection variable				YEAR83	
<u>Right Side</u> Feel vibration on right great toe Feel vibration on R medial malleolus Fee vibration on R tibial tuberosity				RTOE83 RMALL83 RTIB83	
<u>Left Side</u> Feel vibration on left great toe Feel vibration on L medial malleolus Fee vibration on L tibial tuberosity				LTOE83 LMALL83 LTIB83	
Technician identification number Date of procedure				TECHID83 DATE83	

** Administered for the first time in Year 11.

Medications Form
(Record 06)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
Date Selection Variable	KEYDAT06	KEYDAT06	KEYDAT06	KEYDAT06	KEYDAT06	YEAR06	YEAR06
Participant ID number	IDNO	IDNO	IDNO	IDNO	IDNO	IDNO	IDNO
<u>Section A - Medication Reception</u>							
Take any Medications	TAKMED06	TAKMED06	TAKMED06	TAKMED06	TAKMED06	TAKMED06	TAKMED06
<u>Section B - Prescription Medications</u>							
Number of Medications	NOMEDS06	NOMEDS06	NOMEDS06	NOMEDS06	NOMEDS06	NOMEDS06	NOMEDS06
Number unable to transcribe	UNTRAN06	UNTRAN06	UNTRAN06	UNTRAN06	UNTRAN06	UNTRAN06	UNTRAN06
<u>Section C - Questions Regarding Over-the-Counter Medications and Supplements</u>							
During last two weeks, did you take any: Aspirin/Aspirin-containing Medicines	ASPR06	ASPR06	ASPR06	ASPR06	ASPR06	ASPR59	ASPR59
On how many days took Aspirin/Aspirin-containing Medicines in last two weeks	DAYASP06	DAYASP06	DAYASP06	DAYASP06	DAYASP06	DAYASP59	DAYASP59
During last two weeks, did you take any: Codliver oil/other fish oil supplements	FSHOIL06	FSHOIL06	FSHOIL06	FSHOIL06	FSHOIL06	FSHOIL59	
On how many days took this medicine in last two weeks	DAYFSH06	DAYFSH06	DAYFSH06	DAYFSH06	DAYFSH06	DAYFSH59	

* Variables concerning medication changes in the last 30 days (start med, stop med, change dose) can be found in the Medical History Section.

Medications Form (cont.)

Question	Year 8	Year 9	Year 10	Year 11	Year 12
Date Selection Variable	YEAR06	YEAR06	YEAR06	YEAR06	
Participant ID number	IDNO	IDNO	IDNO	IDNO	
<u>Section A - Medication Reception</u>					
Take any Medications	TAKMED06	TAKMED06	TAKMED06	TAKMED06	
<u>Section B - Prescription Medications</u>					
Number of Medications	NOMEDS06	NOMEDS06	NOMEDS06	NOMEDS06	
Number unable to transcribe	UNTRAN06	UNTRAN06	UNTRAN06	UNTRAN06	
<u>Section C - Questions Regarding Over-the-Counter Medications and Supplements</u>					
During last two weeks, did you take any: Aspirin/Aspirin-containing Medicines	ASPR59	ASPR59	ASPR59	ASPR59	
On how many days took Aspirin/Aspirin-containing Medicines in last two weeks	DAYASP59	DAYASP59	DAYASP59	DAYASP59	
During last two weeks, did you take any: Codliver oil/other fish oil supplements					
On how many days took this medicine in last two weeks					

* Variables concerning medication changes in the last 30 days (start med, stop med, change dose) can be found in the Medical History Section.

Medications Form (cont.)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
Are you taking any of the following medications one or more times a week:							
Antihistamines(cold or allergy pills)	ANTHST06	ANTHST06	ANTHST06	ANTHST06	ANTHST06	ANTHST59	
Sleeping pills	SLPILL06	SLPILL06	SLPILL06	SLPILL06	SLPILL06	SLPILL59	
Laxatives	LAXATV06	LAXATV06	LAXATV06	LAXATV06	LAXATV06	LAXATV59	
Calcium supplements	CALC06	CALC06	CALC06	CALC06	CALC06	CALC59	
Have you had a flu shot in the last year	FLUSH06	FLUSH06	FLUSH06	FLUSH06	FLUSH06	FLUSH59	FLUSH59
Have you ever had a shot to prevent pneumonia (pneumovax)	PNEUSH06	PNEUSH06	PNEUSH06	PNEUSH06	PNEUSH06	PNEUSH59	PNEUSH59
Did a doctor prescribe nitroglycerin for you in the last year	NITRO06	NITRO06	NITRO06	NITRO06	NITRO06	NITRO59	NITRO59
Date of interview	INTDAT06	INTDAT06	INTDAT06	INTDAT06	INTDAT06		
Interviewer ID number	INTID06	INTID06	INTID06	INTID06	INTID06	INTID06	INTID06
Key Entry ID number	KEYID06	KEYID06	KEYID06	KEYID06	KEYID06		
<u>Computed Prescription Medications:</u>							
Beta blockers	BETA06	BETA06	BETA06	BETA06	BETA06	BETA06	BETA06
Beta blockers and diuretics	BETAD06	BETAD06	BETAD06	BETAD06	BETAD06	BETAD06	BETAD06
Calcium channel blockers	CCB06	CCB06	CCB06	CCB06	CCB06	CCB06	CCB06
Ace inhibitors	ACE06	ACE06	ACE06	ACE06	ACE06	ACE06	ACE06

Medications Form (cont.)

Question	Year 8	Year 9	Year 10	Year 11	Year 12
Are you taking any of the following medications one or more times a week:					
Antihistamines(cold or allergy pills)					
Sleeping pills					
Laxatives					
Calcium supplements					
Have you had a flu shot in the last year	FLUSH59	FLUSH59	FLUSH59	FLUSH59	
Have you ever had a shot to prevent pneumonia (pneumovax)	PNEUSH59	PNEUSH59	PNEUSH59	PNEUSH59	
Did a doctor prescribe nitroglycerin for you in the last year If yes, specify reason	NITRO59	NITRO59 NITSPC59	NITRO59 NITSPC59	NITRO59 NITSPC59	
Date of interview					
Interviewer ID number	INTID06	INIT06	INIT06	INIT06	
Key Entry ID number					
<u>Computed Prescription Medications:</u>					
Beta blockers	BETA06	BETA06	BETA06	BETA06	
Beta blockers and diuretics	BETAD06	BETAD06	BETAD06	BETAD06	
Calcium channel blockers	CCB06	CCB06	CCB06	CCB06	

Medications Form (cont.)

Question	Year 8	Year 9	Year 10	Year 11	Year 12		
Ace inhibitors	ACE06	ACE06	ACE06	ACE06			

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
Ace inhibitors and diuretics	ACED06	ACED06	ACED06	ACED06	ACED06	ACED06	ACED06
Vasodilators	VASO06	VASO06	VASO06	VASO06	VASO06	VASO06	VASO06
Vasodilators and diuretics	VASOD06	VASOD06	VASOD06	VASOD06	VASOD06	VASOD06	VASOD06
Diuretics	DIURET06	DIURET06	DIURET06	DIURET06	DIURET06	DIURET06	DIURET06
Digitalis	DIG06	DIG06	DIG06	DIG06	DIG06	DIG06	DIG06
Nitrates	NTG06	NTG06	NTG06	NTG06	NTG06	NTG06	NTG06
Class 1A anti-arrhythmics	ANAR1A06	ANAR1A06	ANAR1A06	ANAR1A06	ANAR1A06	ANAR1A06	ANAR1A06
Lipid lowering medications	LIPID06	LIPID06	LIPID06	LIPID06	LIPID06	LIPID06	LIPID06
Oral Hypoglycemics	OHGA06	OHGA06	OHGA06	OHGA06	OHGA06	OHGA06	OHGA06
Insulin	INSULN06	INSULN06	INSULN06	INSULN06	INSULN06	INSULN06	INSULN06
Estrogens	ESTRGN06	ESTRGN06	ESTRGN06	ESTRGN06	ESTRGN06	ESTRGN06	ESTRGN06
Progestins	PROGST06	PROGST06	PROGST06	PROGST06	PROGST06	PROGST06	PROGST06
Phosphodiesterase Inhibitors	PDEI06	PDEI06	PDEI06	PDEI06	PDEI06	PDEI06	PDEI06
Sympathomimetic (Adrenergic) agents	SYMPTH06	SYMPTH06	SYMPTH06	SYMPTH06	SYMPTH06	SYMPTH06	SYMPTH06
Tri- (& Tetra-)cyclic anti-depressants	TCA06	TCA06	TCA06	TCA06	TCA06	TCA06	TCA06
Monoamine Oxidase Inhibitors	MAOI06	MAOI06	MAOI06	MAOI06	MAOI06	MAOI06	MAOI06
Non-tricyclic anti-depressants	NTCA06	NTCA06	NTCA06	NTCA06	NTCA06	NTCA06	NTCA06

Medications Form (cont.)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
Comb. drugs--tricyclics & anti-psychot.	TCAP06	TCAP06	TCAP06	TCAP06	TCAP06	TCAP06	TCAP06
Question	Year 8	Year 9	Year 10	Year 11	Year 12		
Ace inhibitors and diuretics	ACED06	ACED06	ACED06	ACED06			
Vasodilators	VASO06	VASO06	VASO06	VASO06			
Vasodilators and diuretics	VASOD06	VASOD06	VASOD06	VASOD06			
Diuretics	DIURET06	DIURET06	DIURET06	DIURET06			
Digitalis	DIG06	DIG06	DIG06	DIG06			
Nitrates	NTG06	NTG06	NTG06	NTG06			
Class 1A anti-arrhythmics	ANAR1A06	ANAR1A06	ANAR1A06	ANAR1A06			
Lipid lowering medications	LIPID06	LIPID06	LIPID06	LIPID06			
Oral Hypoglycemics	OHGA06	OHGA06	OHGA06	OHGA06			
Insulin	INSULN06	INSULN06	INSULN06	INSULN06			
Estrogens	ESTRGN06	ESTRGN06	ESTRGN06	ESTRGN06			
Progestins	PROGST06	PROGST06	PROGST06	PROGST06			
Phosphodiesterase Inhibitors	PDEI06	PDEI06	PDEI06	PDEI06			
Sympathomimetic (Adrenergic) agents	SYMPTH06	SYMPTH06	SYMPTH06	SYMPTH06			
Tri- (& Tetra-)cyclic anti-depressants	TCA06	TCA06	TCA06	TCA06			
Monoamine Oxidase Inhibitors	MAOI06	MAOI06	MAOI06	MAOI06			

Medications Form (cont.)

Question	Year 8	Year 9	Year 10	Year 11	Year 12
Non-tricyclic anti-depressants	NTCA06	NTCA06	NTCA06	NTCA06	
Comb. drugs--tricyclics & anti-psychot.	TCAP06	TCAP06	TCAP06	TCAP06	

Medications Form (cont.)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
Anti-psychotics	ANTPSY06	ANTPSY06	ANTPSY06	ANTPSY06	ANTPSY06	ANTPSY06	ANTPSY06
Aspirin (excluding most aspirin-containing compounds)	ASA06	ASA06	ASA06	ASA06	ASA06	ASA06	ASA06
Non-steroidal Anti-inflamm. agents	NSAID06	NSAID06	NSAID06	NSAID06	NSAID06	NSAID06	NSAID06
Benzodiazepines	BENZOD06	BENZOD06	BENZOD06	BENZOD06	BENZOD06	BENZOD06	BENZOD06
Premarin	PREMAR06	PREMAR06	PREMAR06	PREMAR06	PREMAR06	PREMAR06	PREMAR06
Oral anticoagulants	WARF06	WARF06	WARF06	WARF06	WARF06	WARF06	WARF06
Loop diuretics	LOOP06	LOOP06	LOOP06	LOOP06	LOOP06	LOOP06	LOOP06
Thiazide diuretics w/o K-sparing	HCTZ06	HCTZ06	HCTZ06	HCTZ06	HCTZ06	HCTZ06	HCTZ06
Thiazide diuretics w/ K-sparing	KSPR06	KSPR06	KSPR06	KSPR06	KSPR06	KSPR06	KSPR06
Potassium-sparing agents alone	KCL6	KCL6	KCL6	KCL6	KCL6	KCL6	KCL6
All immediate-release CCB	CCBIR06	CCBIR06	CCBIR06	CCBIR06	CCBIR06	CCBIR06	CCBIR06
All slow-release CCB	CCBSR06	CCBSR06	CCBSR06	CCBSR06	CCBSR06	CCBSR06	CCBSR06
Immediate-release nifedipine	NIFIR06	NIFIR06	NIFIR06	NIFIR06	NIFIR06	NIFIR06	NIFIR06
Slow-release nifedipine	NIFSR06	NIFSR06	NIFSR06	NIFSR06	NIFSR06	NIFSR06	NIFSR06
Immediate-release dihydropyridines	DIHIR06	DIHIR06	DIHIR06	DIHIR06	DIHIR06	DIHIR06	DIHIR06
Amlodipine(long acting,includes lotrel)	AMLOD06	AMLOD06	AMLOD06	AMLOD06	AMLOD06	AMLOD06	AMLOD06
Slow-release dihydropyridines	DIHSR06	DIHSR06	DIHSR06	DIHSR06	DIHSR06	DIHSR06	DIHSR06
Immediate-release verapamil	VERIR06	VERIR06	VERIR06	VERIR06	VERIR06	VERIR06	VERIR06

Medications Form (cont.)

Question	Year 8	Year 9	Year 10	Year 11	Year 12
Anti-psychotics	ANTPSY06	ANTPSY06	ANTPSY06	ANTPSY06	
Aspirin (excluding most aspirin-containing compounds)	ASA06	ASA06	ASA06	ASA06	
Non-steroidal Anti-inflamm. agents	NSAID06	NSAID06	NSAID06	NSAID06	
Benzodiazepines	BENZOD06	BENZOD06	BENZOD06	BENZOD06	
Premarin	PREMAR06	PREMAR06	PREMAR06	PREMAR06	
Oral anticoagulants	WARF06	WARF06	WARF06	WARF06	
Loop diuretics	LOOP06	LOOP06	LOOP06	LOOP06	
Thiazide diuretics w/o K-sparing	HCTZ06	HCTZ06	HCTZ06	HCTZ06	
Thiazide diuretics w/ K-sparing	KSPR06	KSPR06	KSPR06	KSPR06	
Potassium-sparing agents alone	KCL6	KCL6	KCL6	KCL6	
All immediate-release CCB	CCBIR06	CCBIR06	CCBIR06	CCBIR06	
All slow-release CCB	CCBSR06	CCBSR06	CCBSR06	CCBSR06	
Immediate-release nifedipine	NIFIR06	NIFIR06	NIFIR06	NIFIR06	
Slow-release nifedipine	NIFSR06	NIFSR06	NIFSR06	NIFSR06	
Immediate-release dihydropyridines	DIHIR06	DIHIR06	DIHIR06	DIHIR06	
Amlodipine(long acting,includes lotrel)	AMLOD06	AMLOD06	AMLOD06	AMLOD06	
Slow-release dihydropyridines	DIHSR06	DIHSR06	DIHSR06	DIHSR06	
Immediate-release verapamil	VERIR06	VERIR06	VERIR06	VERIR06	

Medications Form (cont.)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
Slow-release verapamil	VERSR06	VERSR06	VERSR06	VERSR06	VERSR06	VERSR06	VERSR06
Immediate-release diltiazem	DLTIR06	DLTIR06	DLTIR06	DLTIR06	DLTIR06	DLTIR06	DLTIR06
Slow-release diltiazem	DLTSR06	DLTSR06	DLTSR06	DLTSR06	DLTSR06	DLTSR06	DLTSR06
Alpha-blockers w/o diuretics	ALPHA06	ALPHA06	ALPHA06	ALPHA06	ALPHA06	ALPHA06	ALPHA06
Alpha-blockers w/ diuretics	ALPHAD06	ALPHAD06	ALPHAD06	ALPHAD06	ALPHAD06	ALPHAD06	ALPHAD06
Anti-arrhythmics, Class 1B	ANAR1B06	ANAR1B06	ANAR1B06	ANAR1B06	ANAR1B06	ANAR1B06	ANAR1B06
Anti-arrhythmics, Class 1C	ANAR1C06	ANAR1C06	ANAR1C06	ANAR1C06	ANAR1C06	ANAR1C06	ANAR1C06
Anti-arrhythmics, Class 3	ANAR306	ANAR306	ANAR306	ANAR306	ANAR306	ANAR306	ANAR306
Peripheral vasodilators	PVDL06	PVDL06	PVDL06	PVDL06	PVDL06	PVDL06	PVDL06
Bile-acid sequestrants	BASQ06	BASQ06	BASQ06	BASQ06	BASQ06	BASQ06	BASQ06
HMG COA reductase inhibitors (statins)	STTN06	STTN06	STTN06	STTN06	STTN06	STTN06	STTN06
Miscellaneous lipid lowering drugs	MLPD06	MLPD06	MLPD06	MLPD06	MLPD06	MLPD06	MLPD06
Niacin and nicotinic acid	NIAC06	NIAC06	NIAC06	NIAC06	NIAC06	NIAC06	NIAC06
Thyroid agents	THRY06	THRY06	THRY06	THRY06	THRY06	THRY06	THRY06
Inhaled steroids for asthma	ISTRD06	ISTRD06	ISTRD06	ISTRD06	ISTRD06	ISTRD06	ISTRD06
Oral steroids	OSTRD06	OSTRD06	OSTRD06	OSTRD06	OSTRD06	OSTRD06	OSTRD06
Angiotensin Type 2 Antagonists	A2A06	A2A06	A2A06	A2A06	A2A06	A2A06	A2A06
T-Type Calcium-Channel Blockers	CCBT06	CCBT06	CCBT06	CCBT06	CCBT06	CCBT06	CCBT06
First Generation Sulfonylureas	SLF106	SLF106	SLF106	SLF106	SLF106	SLF106	SLF106
Second Generation Sulfonylureas	SLF206	SLF206	SLF206	SLF206	SLF206	SLF206	SLF206

Medications Form (cont.)

Question	Year 8	Year 9	Year 10	Year 11	Year 12
Slow-release verapamil	VERSR06	VERSR06	VERSR06	VERSR06	
Immediate-release diltiazem	DLTIR06	DLTIR06	DLTIR06	DLTIR06	
Slow-release diltiazem	DLTSR06	DLTSR06	DLTSR06	DLTSR06	
Alpha-blockers w/o diuretics	ALPHA06	ALPHA06	ALPHA06	ALPHA06	
Alpha-blockers w/ diuretics	ALPHAD06	ALPHAD06	ALPHAD06	ALPHAD06	
Anti-arrhythmics, Class 1B	ANAR1B06	ANAR1B06	ANAR1B06	ANAR1B06	
Anti-arrhythmics, Class 1C	ANAR1C06	ANAR1C06	ANAR1C06	ANAR1C06	
Anti-arrhythmics, Class 3	ANAR306	ANAR306	ANAR306	ANAR306	
Peripheral vasodilators	PVDL06	PVDL06	PVDL06	PVDL06	
Bile-acid sequestrants	BASQ06	BASQ06	BASQ06	BASQ06	
HMG COA reductase inhibitors (statins)	STTN06	STTN06	STTN06	STTN06	
Miscellaneous lipid lowering drugs	MLPD06	MLPD06	MLPD06	MLPD06	
Niacin and nicotinic acid	NIAC06	NIAC06	NIAC06	NIAC06	
Thyroid agents	THRY06	THRY06	THRY06	THRY06	
Inhaled steroids for asthma	ISTRD06	ISTRD06	ISTRD06	ISTRD06	
Oral steroids	OSTRD06	OSTRD06	OSTRD06	OSTRD06	
Angiotensin Type 2 Antagonists	A2A06	A2A06	A2A06	A2A06	
T-Type Calcium-Channel Blockers	CCBT06	CCBT06	CCBT06	CCBT06	
First Generation Sulfonylureas	SLF106	SLF106	SLF106	SLF106	
Second Generation Sulfonylureas	SLF206	SLF206	SLF206	SLF206	

Medications Form (cont.)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
Biguanides	BGND06	BGND06	BGND06	BGND06	BGND06	BGND06	BGND06
Alpha-Glucosidase Inhibitors	AGDI06	AGDI06	AGDI06	AGDI06	AGDI06	AGDI06	AGDI06
Thiazolidinediones	THZD06	THZD06	THZD06	THZD06	THZD06	THZD06	THZD06
Acetylcholine Esterase Inhibitors	ALZH06	ALZH06	ALZH06	ALZH06	ALZH06	ALZH06	ALZH06
Probucol	PROB06	PROB06	PROB06	PROB06	PROB06	PROB06	PROB06
Fibrins	FIBR06	FIBR06	FIBR06	FIBR06	FIBR06	FIBR06	FIBR06

Question	Year 8	Year 9	Year 10	Year 11	Year 12
Biguanides	BGND06	BGND06	BGND06	BGND06	
Alpha-Glucosidase Inhibitors	AGDI06	AGDI06	AGDI06	AGDI06	
Thiazolidinediones	THZD06	THZD06	THZD06	THZD06	
Acetylcholine Esterase Inhibitors	ALZH06	ALZH06	ALZH06	ALZH06	
Probucol	PROB06	PROB06	PROB06	PROB06	
Fibrins	FIBR06	FIBR06	FIBR06	FIBR06	

Calculated Variables

MEDICATIONS VARIABLES Variable Label	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
Any ace inhibitor	ANYACE	ANYACE	ANYACE	ANYACE	ANYACE	ANYACE	ANYACE
Any beta blocker	ANYBETA	ANYBETA	ANYBETA	ANYBETA	ANYBETA	ANYBETA	ANYBETA
Any calcium channel blocker	(CCB06)	(CCB06)	(CCB06)	(CCB06)	(CCB06)	(CCB06)	(CCB06)
Any diuretic	ANYDIUR	ANYDIUR	ANYDIUR	ANYDIUR	ANYDIUR	ANYDIUR	ANYDIUR
Any hypertensive medication	HTNMED06	HTNMED06	HTNMED06	HTNMED06	HTNMED06	HTNMED06	HTNMED06
Any vaso dilator	ANYVASO	ANYVASO	ANYVASO	ANYVASO	ANYVASO	ANYVASO	ANYVASO
Aspirin use for 3 or more days in past 2 weeks	ASPIRIN	ASPIRIN	ASPIRIN	ASPIRIN	ASPIRIN	ASPIRIN	ASPIRIN

MEDICATIONS VARIABLES Variable Label	Year 8	Year 9	Year 10	Year 11	Year 12
Any ace inhibitor	ANYACE				
Any beta blocker	ANYBETA				
Any calcium channel blocker	(CCB06)				
Any diuretic	ANYDIUR				
Any hypertensive medication	HTNMED06				
Any vaso dilator	ANYVASO				

MEDICATIONS VARIABLES Variable Label	Year 8	Year 9	Year 10	Year 11	Year 12
Aspirin use for 3 or more days in past 2 weeks	ASPIRIN				

Spirometry*
(Record 11)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
Date Selection Variable	DATE11						
ID Number	IDNO						
Interviewer	TECHID11						
Did you take any pills or inhalers for breathing problems during the last 24 hours?	BMEDIN11						
Which pills or inhaler? (check 1-3 choices)	BMED111 BMED211 BMED311						
Did you take a beta blocker pill for high blood pressure or heart trouble during the last 24 hours?	BETAIN11						
Which beta blocker? (check one)	BETA11						
Did you smoke a cigarette, pipe, or cigar during the last hour?	SMKHR11						
Did you have any coffee, tea, cola or other caffeine containing drinks in the past 4 hours?	CAFFHR11						

Have you had a respiratory infection in the past 3 weeks? (e.g. a cold, flu, bronchitis, or pneumonia)	RSPINF11						
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*Baseline only

Pulmonary Function Form
(Record 18)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
Date Selection Variable	VISDAT18					VISDAT18	
Participant ID	IDNO					IDNO	
FVC	FVC18					FVC18	
FEV1	FEV118					FEV118	
(FEV1/FVC)	RATIO18					RATIO18	
FVC Percent Predicted	FVCPCT18					FVCPCT18	
FEV1 Percent Predicted	FEVPCT18					FEVPCT18	
(FEV1/FVC) Percent Predicted	RATPCT18					RATPCT18	
FVC Predicted Value	FVCPRD18					FVCPRD18	
FEV1 Predicted Value	FEVPRD18					FEVPRD18	
(FEV1/FVC) Predicted Value	RATPRD18					RATPRD18	
Tech ID	TECH18					TECH18	
Total number of FVC Maneuvers	TOTAL18					TOTAL18	
FVC Maneuvers w/ 'slow' type error	SLOW18					SLOW18	
FVC Maneuvers w/ 'blast' type error	BLAST18					BLAST18	
FVC Maneuvers w/ 'short' type error	SHORT18					SHORT18	
FVC Maneuvers w/ 'peak' type error	PEAK18					PEAK18	
FVC Maneuvers w/ 'FVC' type error	FVCERR18					FVCERR18	

Pulmonary Function Form (cont.)

Question	Year 8	Year 9	Year 10	Year 11	Year 12
Date Selection Variable		VISDAT18			
Participant ID		IDNO			
FVC		FVC18			
FEV1		FEV118			
(FEV1/FVC)		RATIO18			
FVC Percent Predicted		FVCPCT18			
FEV1 Percent Predicted		FEVPCT18			
(FEV1/FVC) Percent Predicted		RATPCT18			
FVC Predicted Value		FVCPRD18			
FEV1 Predicted Value		FEVPRD18			
(FEV1/FVC) Predicted Value		RATPRD18			
Tech ID		TECH18			
Total number of FVC Maneuvers		TOTAL18			
FVC Maneuvers w/ 'slow' type error		SLOW18			
FVC Maneuvers w/ 'blast' type error		BLAST18			
FVC Maneuvers w/ 'short' type error		SHORT18			
FVC Maneuvers w/ 'peak' type error		PEAK18			
FVC Maneuvers w/ 'FVC' type error		FVCERR18			

Pulmonary Function Form (cont.)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
Number of good FVC maneuvers	GOOD18					GOOD18	
Computer-selected best maneuver	CBEST18					CBEST18	
QC Supervisor-selected best maneuver	QCBEST18					QCBEST18	
Computer's flow grade	CFLOW18					CFLOW18	
Computer's volume grade	CVOL18					CVOL18	
QC Supervisor's flow grade	QCFLOW18					QCFLOW18	
QC Supervisor's volume grade	QCVOL18					QCVOL18	
Year of study	YEAR18					YEAR18	
Slow VC	SVC18					SVC18	
Neck circumference	NECKCM18					NECKCM18	
Height in inches							
Weight in pounds							
Predicted PEF							
Predicted FEF 25-75							
Standing (y/n)							
Number matching							
Best PEF							

Pulmonary Function Form (cont.)

Best time (FET)							
Question	Year 8	Year 9	Year 10	Year 11	Year 12		
Number of good FVC maneuvers		GOOD18					
Computer-selected best maneuver		CBEST18					
QC Supervisor-selected best maneuver		QCBEST18					
Computer's flow grade		CFLOW18					
Computer's volume grade		CVOL18					
QC Supervisor's flow grade		QCFLOW18					
QC Supervisor's volume grade		QCVOL18					
Year of study		YEAR18					
Slow VC		SVC18					
Neck circumference		NECKCM18					
Height in inches		HEIGHT18					
Weight in pounds		WEIGHT18					
Predicted PEF		PEFPRD18					
Predicted FEF 25-75		FEFPRD18					
Standing (y/n)		STAND18					
Number matching		MATCH18					

Best PEF		PEFBES18			
Best time (FET)		FETBES18			

Pulmonary Function Form (cont.)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
Back Extrapolation (BEV)							
Ending Volume in Last 2 Sec. (EOTV)							

Question	Year 8	Year 9	Year 10	Year 11	Year 12
Back Extrapolation (BEV)		BEV18			
Ending Volume in Last 2 Sec. (EOTV)		EOTV18			

Calculated Variables

PULMONARY VARIABLES Variable Label	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
Lung Capacity Category	NORMFEV1*				NORMFEV1 *		

* NORMFEV1 = 0 if FEV118 \leq 80% and NORMFEV1 = 1 if FEV118 > 80%.

Sleep and Asthma Questionnaire
(Record 56)*

This record was only done at Year 6.

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
Date selection variable						YEAR56	
Participant ID number						IDNO	
Key entry date						KDATE56	
Version of form						VERS56	
Year in study						YEAR56	
Key entry ID number						KEYID56	
Usually have trouble falling asleep?						TRBLSL56	
During the past month, used sleeping pills to help you fall asleep?						SLPILL56	
Often drink wine /beer before sleeping?						DRINK56	
During the past year, ever snored while asleep/ falling asleep? (Or others told you that you snored?) (if yes) About how often did you snore? How loud have others said your snoring is?						SNORE56 SNOFTN56 SNLOUD56	
During the past year, ever snorted or gasped while asleep/ falling asleep? (Or others said you snorted or gasped?)						SNORT56	

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
During the past year, ever stopped breathing for a moment while asleep/falling asleep? (Or others said you stopped breathing?) (if yes)About how often did this occur?						STBRTH56 STOFTN56	

*Many of these variables are present for other years under Medical History.

Sleep and Asthma Questionnaire (cont.)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
Often wake up several times a night? (if yes) Most frequent reasons? to go to the bathroom (to urinate) trouble breathing chest tightness or pain arthritis pain coughing snoring noise leg cramps other specify						WAKE56 WKBATH56 WKTRBR56 WKCHST56 WKARTH56 WKCGH56 WКСNOR56 WKNOIS56 WKLEG56 WKOTH56 WКСPEC56	
How often, if ever, awakened suddenly with feeling of gasping/ choking or shortness of breath?						GSPCHK56	
How likely are you to doze off/ fall asleep in following situations (rather than just feeling tired)? Sitting and reading Watching TV Sitting inactive in a public place Passenger in a car at least an hour Lying down to rest in the afternoon Sitting and talking to someone Sitting quietly after a lunch w/o alcohol In a car, stopped for a few minutes in traffic						DZREAD56 DZTV56 DZPUBL56 DZCAR56 DZREST56 DZTALK56 DZLNCH56 DZTRAF56	
Often feel groggy & unrefreshed for more than half an hour after waking up in the morning?						GROGGY56	

Sleep and Asthma Questionnaire (cont.)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
Are you usually sleepy in the daytime?						SLPDAY56	

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
Had to sleep on >2 pillows to help you breathe any time in the past 12 months?						PILLOW56	
Do you usually have a cough? (if yes) Usually cough as much as 4-6 times a day, 4 or more days of the week? Usually cough when you get up or first thing in the morning? Usually cough at all during the rest of the day or at night? Usually cough on most days for 3 consecutive months or more during the year? How many years had this cough?						COUGH56 CGH4656 CGHMRN56 CGHDAY56 CGHMST56 CHGYRS56	

Sleep and Asthma Questionnaire (cont.)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
<p>Usually bring up phlegm from your chest?</p> <p>(if yes) Do you usually bring up phlegm as much as 4-6 times a day, four or more days of the week?</p> <p>Do you usually bring up phlegm at all when you get up or first thing in the morning?</p> <p>Do you usually bring up phlegm at all during the rest of the day or at night?</p> <p>Do you usually bring up phlegm on most days for three consecutive months or more during the year?</p> <p>For how many years have you brought up phlegm?</p>						<p>PHLEGM56</p> <p>PHL4656</p> <p>PHLMRN56</p> <p>PHLDAY56</p> <p>PHLMST56</p> <p>PHLYRS56</p>	
<p>Do you ever have trouble with your breathing?</p> <p>(if yes) How often have this trouble?</p>						<p>TRBLBR56</p> <p>TRBWHN56</p>	

Sleep and Asthma Questionnaire (cont.)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
<p>Had wheezing or whistling in chest at any time during the last 12 months? (if yes)</p> <p>Have you felt chest tightness or been breathless when the wheezing noise was present?</p> <p>How frequently have you had these symptoms?</p> <p>Were these breathing symptoms brought on or made worse by exposure to any of the following:</p> <p>Colds, sore throats, or flu</p> <p>Exercise or exertion</p> <p>Dust, smoke, or fumes</p> <p>Contact with animals, plants or pollens</p> <p>Lying down flat or sleeping</p> <p>Are these symptoms worse during a particular season of the year? (if yes, which season?)</p> <p>Did a doctor ever tell you that these symptoms were due to heart trouble?</p> <p>Did a doctor ever tell you that these symptoms were due to asthma?</p>						<p>WHEEZ56</p> <p>WHZCH56</p> <p>WHZFRQ56</p> <p>WHCOLD56 WHEXER56 WHDUST56 WHCONT56 WHFLAT56</p> <p>WHSEAS56 SEASON56</p> <p>WHHRT56</p> <p>WHASTH56</p>	
<p>Have you ever had asthma? (if yes) Do you still have it?</p> <p>Was it confirmed by a doctor?</p> <p>How old were you when you had the first episode?</p> <p>If you no longer have it, at what age did it stop?</p>						<p>ASTHMA56 ASSTIL56 ASDR56</p> <p>ASLAST56</p> <p>ASSTOP56</p>	

Sleep and Asthma Questionnaire (cont.)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
When near animals or feather pillows, quilts, or comforters, do you ever: Start to cough Start to wheeze Feel chest tightness Start to feel short of breath Get a runny or stuffy nose Start to sneeze Get itchy or watery eyes						ANCGH56 ANWHZ56 ANCHST56 ANSHBR56 ANNOSE56 ANSNZ56 ANEYES56	
Ever worked in a job that exposed you to vapors, gas, dust, or fumes?						VAPOR56	
Have you ever had to change or leave a job because it affected your breathing?						CHJOB56	
Other than colds, have you ever had hay fever or any other allergy that made your nose runny or stuffy? (if yes) During the past 12 months, how much were you bothered by it? Did you take medication for it?						HAYFEV56 HFBOTH56 HFMED56	
Have you had allergy shots at any time in your life?						ALSHOT56	
Any relatives known to have asthma? (if yes) Natural father ever have asthma? Natural mother ever have asthma?						RELAS56 FATHAS56 MOTHAS56	
Have any respiratory trouble before age 16?						RESP1656	

Sleep and Asthma Questionnaire (cont.)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
Do you get short of breath with strenuous physical activity? (if yes) How short of breath do you feel during this activity?						SBSTRN56 HWSTRN56	
Do you get short of breath with moderate physical activity? (if yes) How short of breath do you feel during this activity?						SBMOD56 HWMOD56	
Do you get short of breath with light physical activity? (if yes) How short of breath do you feel during this activity?						SBLGHT56 HWLGHT56	
Do you get short of breath walking quickly or up a slight hill? (if yes) How short of breath do you feel during this activity?						SBWKQ56 HWWKQ56	
Do you get short of breath walking on level ground at your own pace? (if yes) How short of breath do you feel during this activity?						SBWKL56 HWLKL56	
Get short of breath resting in a chair?						SBCHR56	
Do you own a dog or cat that stayed inside your house during the last year?						DOGCAT56	
Bedroom have wall-to-wall carpeting?						WWCARP56	

Sleep and Asthma Questionnaire (cont.)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
Ever use oxygen therapy at home?						OXYGN56	
Interviewer ID number						INTID56	
Interview date						INTDAT56	

Six-Minute Walk/Oximetry
(Record 69)*

Question	Year 8	Year 9	Year 10	Year 11	Year 12
Date Selection Variable		DATE69			
CHS Exam Year		YEAR69			
Marquette ECG Alert? Ventricular Fibrillation Acute Injury Acute Ischemia Acute Myocardial Infarction Other ACUTE Condition		ECGAL69 VFIB69 ACINJ69 ACISCH69 ACMI69 ACOTH69			
Does participant use ambulatory aid?		AMBUL69			
Identified as having severe aortic stenosis by echo at Year 7?		AORSTN69			
60-second heart rate less than or greater than 110?		HRATE69			
Either reading of seated systolic BP greater than 200 or seated diastolic BP greater than 110?		BP69			
Heart attack, angioplasty or heart surgery in past 3 months?		HEART69			
New or worsening symptoms of chest pain, shortness of breath or fainting in past eight weeks?		CHPAIN69			
SpO ₂ less than 90%		SPLT9069			
Baseline SpO ₂ (from Oximeter)		BLSP0269			
Baseline Pulse (from Oximeter)		BLPULS69			

Six-Minute Walk/Oximetry (cont.)

* Administered for first time in Year 9

Question	Year 8	Year 9	Year 10	Year 11	Year 12
Baseline Dyspnea Scale		BLDYS69			
Excluded from procedure due to criteria		EXCL69			
Start Time Hour Minute AM/PM		STHR69 STMIN69 STAP69			
Six-minute walk completed		COMPL69			
Reason walk incomplete or not done Specify why stopped or other reason		RSNNOT69 RSNSPC69			
End Time Hour Minute AM/PM		ENDHR69 ENDMIN69 ENDAP69			
Number of laps completed Laps Feet		LAPS69 FEET69			
Total distance walked		TOTDST69			
Exercise SpO ₂ (from Oximeter)		EXSPO269			
Exercise Pulse (from Oximeter)		EXPULS69			
Exercise Dyspnea Scale		EXDYSP69			

Currently experiencing any: Chest Pain Light-headedness Leg Pain Other symptoms Specify		CHSTPN69 LTHEAD69 LEGPN69 OTHSYM69 SYMSPC69			
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Oximetry Data
(Record 75)

Question	Year 8	Year 9	Year 10	Year 11	Year 12
Date Selection Variable		YEAR75			
Distance Walked		DIST75			
Low Value for Oxygen High Value for Oxygen		O2LOW75 O2HIGH75			
Low Value for Heart Rate High Value for Heart Rate		HRTLOW75 HRTHI75			
Minutes Walked Seconds Walked		MINS75 SECS75			
Percent Good		GOOD75			
Grade		GRADE75			
Date of Walk Technician ID		DATE75 TECHID75			

Phlebotomy Form
(Record 12)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
Date Selection Variable	DATE12			DATE12	DATE12	YEAR12	YEAR12
Participant ID	IDNO			IDNO	IDNO	IDNO	IDNO
Phlebotomist ID	PHLBID12			PHLBID12	PHLBID12	PHLBID12	PHLBID12
Blood ID Number	BLDID12						
Has this participant been selected as a quality control subject?	QULCTL12			QULCTL12	QULCTL12	QULCTL12	QULCTL12
Quality Control ID Number:	QCBLID12			QCBLID12	QCBLID12	QCBLID12	QCBLID12
Do you bleed or bruise easily	BLEED12			BLEED12	BLEED12	BLEED12	BLEED12
Ever been told you have a disorder related to blood clotting or coagulation?	CLOT12			CLOT12	CLOT12	CLOT12	CLOT12
Have you ever experienced fainting spells while having blood drawn?	FAINT12			FAINT12	FAINT12	FAINT12	FAINT12
Was any blood drawn? Specify other reason not done	DRDONE12 SPCNOT12			DRDONE12 SPCNOT12	DRDONE12 SPCNOT12	DRDONE12 SPCNOT12	DRDONE12 SPCNOT12
Hours since eaten (see also record 14)	FAST30	TIMEAT14	TIMEAT14	TIMATE12	TIMATE12	TIMATE12	TIMATE12
Location of blood drawn	VISLOC12						
Do you have diabetes?	DIABET12*						
Do you take insulin?	INSUL12						
Are you fasting?	FAST12*						

Is this participant taking the Glucose Tolerance Test?	GLUC12						
--	--------	--	--	--	--	--	--

* Diabetes and fasting status are also in Baseline Reception (Record 30).

Phlebotomy Form (cont.)

Question	Year 8**	Year 9	Year 10	Year 11	Year 12
Date Selection Variable	DATE12	DATE12	DATE12	DATE12	
Participant ID	IDNO	IDNO	IDNO	IDNO	
Phlebotomist ID	PHLBID12	PHLBID12	PHLBID12	PHLBID12	
Blood ID Number					
Has this participant been selected as a quality control subject?	QULCTL12	QULCTL12	QULCTL12	QULCTL12	
Quality Control ID Number:	QCBLID12	QCBLID12	QCBLID12	QCBLID12	
Do you bleed or bruise easily	BLEED12	BLEED12	BLEED12	BLEED12	
Ever been told you have a disorder related to blood clotting or coagulation?	CLOT12	CLOT12	CLOT12	CLOT12	
Have you ever experienced fainting spells while having blood drawn?	FAINT12	FAINT12	FAINT12	FAINT12	
Was any blood drawn? Specify other reason not done	DRDONE12 SPCNOT12	DRDONE12 SPCNOT12	DRDONE12 SPCNOT12	DRDONE12 SPCNOT12	
Hrs since eaten	TIMATE12	TIMATE12	TIMEAT14	TIMATE12	
Location of blood drawn					
Do you have diabetes?		DIABET12	DIABET12	DIABET12	

Do you take insulin?					
Are you fasting?					
Is this participant taking the Glucose Tolerance Test?					

** Year 8 blood data was only collected at Hopkins.

Phlebotomy Form (cont.)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
Was the glucose tolerance test done? If NO why not? If other, specify							
Time Glucose Administered Hour Minute AM/PM							
Time Glucose tolerance blood draw Hour Minute AM/PM							
Were cells collected for DNA?							

Question	Year 8	Year 9	Year 10	Year 11	Year 12
Was the glucose tolerance test done? If NO why not? If other, specify		GLUC12 NOGLUC12 NOGSPC12			
Time Glucose Administered Hour Minute AM/PM		ASMHR12 ADMMIN12 ADMAP12			
Time Glucose tolerance blood draw Hour Minute AM/PM		DRHR12 DRMIN12 DRAP12			

Were cells collected for DNA?				CELL12	
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Hematology Form
(Record 23)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
Date Selection Variable	KDATE23			KDATE23	KDATE23		
Participant IDNO	IDNO			IDNO	IDNO		
Blood ID Number	BLDID23			BLDID23	BLDID23		
Key Entry ID Number	KEYID23			KEYID23	KEYID23		
White Blood Count	WBLD23			WBLD23	WBLD23		
Hemoglobin	HEMOGL23			HEMOGL23	HEMOGL23		
Hematocrit	HEMATO23			HEMATO23	HEMATO23		
Platelet Count (in thousands)	PLATE23			PLATE23	PLATE23		

Blood Data
(Record 44)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
Date Selection Variable	YEAR44			YEAR44	YEAR44	YEAR44	YEAR44
Blood ID Number	BLDID44			BLDID44	BLDID44	BLDID44	BLDID44
Fibrinogen Fibrinogen Test Date	FIB44 FDATE44			FIB44 FDATE44	FIB44 FDATE44		
<u>Factor</u> Factor VII Factor VII Test Date Factor VIII Factor VIII Test Date	F744 DATE744 F844 DATE844			F744 DATE744	F744 DATE744		
Test date for all chem & lipids	CDATE44			CDATE44	CDATE44	CDATE44	CDATE44
Cholesterol	CHOL44			CHOL44	CHOL44	CHOL44	CHOL44
Triglyceride	TRIG44			TRIG44	TRIG44		
HDL	HDL44			HDL44	HDL44		
Calculated LDL	LDL44			LDL44	LDL44		
Insulin 2 Hr Insulin	INS44 INS244			INS44	INS44		
Glucose 2 Hr Glucose	GLU44 GLU244			GLU44	GLU44		
Albumin	ALB44			ALB44	ALB44		
Potassium	K44			K44	K44		

Blood Data (cont.)

Question	Year 8*	Year 9	Year 10	Year 11	Year 12
Date Selection Variable	YEAR44	YEAR44	YEAR44	YEAR44	
Blood ID Number					
Fibrinogen Fibrinogen Test Date					
<u>Factor</u> Factor VII Factor VII Test Date Factor VIII Factor VIII Test Date					
Test date for all chem & lipids	CDATE44	CDATE44	CDATE44	CDATE44	
Cholesterol	CHOL44	CHOL44	CHOL44	CHOL44	
Triglyceride					
HDL					
Calculated LDL					
Insulin 2 Hr Insulin					
Glucose 2 Hr Glucose		GLU44 GLU244			
Albumin		ALB44			
Potassium					

Blood Data (cont.)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
Uric Acid	URIC44			URIC44	URIC44		
Creatinine	CRE44			CRE44	CRE44		
CK determinations	CK44						
CBAL Lab ID Number	LABID44						
Lpa Test date for Lpa	LPA44 LDATE44						

Question	Year 8*	Year 9	Year 10	Year 11	Year 12
Uric Acid					
Creatinine		CRE44			
CK determinations					
CBAL Lab ID Number					
Lpa Test date for Lpa					

* Variables collected at Hopkins only.

Calculated Variables

BLOOD LAB VARIABLES Variable Label	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
Adjusted cholesterol (Adjusted for drift)	CHOLADJ*			CHOLADJ*	CHOLADJ*		

* Laboratory methods changed in the 3 years between BL and YR 5. Cholesterol was measured using a “gold-standard” technique; adjustments were made accordingly.

Spot Urine Collection
(Record 71)*

Question	Year 8	Year 9	Year 10	Year 11	Year 12
Date Selection Variable		DATE71			
Was urine sample collected?		SAMPLE71			
What time was collection taken? Hour Minute AM/PM		TAKEHR71 TAKEMN71 TAKEAP71			
Time of last urination (prior to collection) Hour Minute AM/PM		LASTHR71 LASTMN71 LASTAP71			
Urine collected relative to glucola		COLGLU71			
Why urine sample not taken? Other reason, specify		WHYNOT71 WHYSPC71			
Participant selected for quality control?		QC71			
Quality Contol ID number		QCID71			

* First administered in Year 9

Spot Urine Data
(Record 72)

Question	Year 8	Year 9	Year 10	Year 11	Year 12
Date Selection Variable		YEAR72			
Microalbumen (mg/g creatinine)		UAB72			
Microalbumen (mg/dL)		UALB72			
Creatinine (mg/dL)		UCRR72			
Leukocytes		LEUK72			
pH Level		PH72			
Protein		PROT72			
Glucose		GLUC72			
Ketones		KET72			
Blood		BLOOD72			
Date of Urine Assay Transmission Date CBAL Lab ID		URDATE72 TRDATE72 CBALID72			

Anthropometry Form
(Records 13, 21, 33)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
Date Selection Variable	DATE13	DATE33	DATE33	DATE13	DATE13	YEAR33	YEAR33
Participant ID	IDNO			IDNO	IDNO		
Standing height (cm)	STHT13			STHT13	STHT13		
Adjusted sitting height (cm)	SITHT13				SITHT13		
Weight (lbs)	WEIGHT13	WEIGHT33	WEIGHT33	WEIGHT13	WEIGHT13	WEIGHT33	WEIGHT33
Hip circumference (cm)	HIP13			HIP13	HIP13		
Waist circumference	WAIST13			WAIST13	WAIST13		
Heel-to-Knee Length	HKLEN21				HKLEN21		
Bioelectric Impedence:							
Resistance	BIORES21				BIORES21		
Reactance	BIOREA21				BIOREA21		
Technician ID	TECHID13	TCHID133	TCHID133	TECHID13	TECHID13	TCHID133	TCHID133

Anthropometry Form (cont.)

Question	Year 8	Year 9	Year 10	Year 11	Year 12
Date Selection Variable	YEAR33	DATE13	DATE33	DATE13	
Participant ID		IDNO		INDO	
Standing height (cm)		STHT13			
Adjusted sitting height (cm)					
Weight (lbs)	WEIGHT33	WEIGHT13	WEIGHT33	WEIGHT13	
Hip circumference (cm)					
Waist circumference		WAIST13		WAIST13	
Arm Span		ARMSP13			
How tall as a young adult, Feet Inches		YNGFT13 YNDIN13			
Heel-to-Knee Length					
Bioelectric Impedence:					
Resistance					
Reactance					
Comments Specify		CMMENT13 CSPEC13		CMMENT13 CSPEC13	
Technician ID	TCHID133	TECHID13		TECHID13	

Calculated Variables

ANTHROPOMETRY VARIABLES Variable Label	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
Body mass index = weight (kg)/height (m) squared	BMI			BMI	BMI		
Obesity > 125% ideal weight = BMI > 27 in males or > 25 in females	OVRWT120			OVRWT120	OVRWT120		
Obesity > 130% ideal weight = BMI > 29.613 in males or > 27.311 in females	OVRWT130			OVRWT130	OVRWT130		
Body Surface Area	BSA*						

*BSA has been computed using the following formula: $BSA = 0.0071 * \exp(0.725 * \ln(STHT13)) * \exp(0.425 * \ln(WEIGHT13 * 0.4536))$.

Seated Blood Pressure Form
(Record 14)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
Date Selection Variable	DATE14	DATE14	DATE14	DATE14	DATE14	YEAR14	YEAR14
<u>Time of day</u> Hour Minute Hours since last meal: Cuff Size <u>Pulse Obliteration Pressure</u> Palpated systolic Maximum zero level Maximal inflation level <u>30 Second Heart rate</u> <u>Seated Readings</u> - Zero Muddler B.P. 1st systolic reading 1st diastolic reading 1st zero systolic corrected systolic corrected diastolic 2nd systolic reading 2nd diastolic reading 2nd zero systolic corrected sysolic corrected diastolic	FAST30 CUFF14 PSYSTO14 ZERO14 INFLAT14 BEAT14 SYS114 DIA114 SYS0114 SYSC114 DIAC114 SYS214 DIA214 SYS0214 SYSC214 DIAC214	HOURS14 MINUTE14 TIMEAT14 CUFF14 PSYSTO14 ZERO14 INFLAT14 BEAT14 SYS114 DIA114 SYS0114 SYSC114 DIAC114 SYS214 DIA214 SYS0214 SYSC214 DIAC214	HOURS14 MINUTE14 TIMEAT14 CUFF14 PSYSTO14 ZERO14 INFLAT14 BEAT14 SYS114 DIA114 SYS0114 SYSC114 DIAC114 SYS214 DIA214 SYS0214 SYSC214 DIAC214	HOURS14 MINUTE14 TIMEAT14 CUFF14 PSYSTO14 ZERO14 INFLAT14 BEAT14 SYS114 DIA114 SYS0114 SYSC114 DIAC114 SYS214 DIA214 SYS0214 SYSC214 DIAC214	HOURS14 MINUTE14 TIMEAT14 CUFF14 PSYSTO14 ZERO14 INFLAT14 BEAT14 SYS114 DIA114 SYS0114 SYSC114 DIAC114 SYS214 DIA214 SYS0214 SYSC214 DIAC214	HOURS14 MINUTE14 TIMEAT14 CUFF14 PSYSTO14 ZERO14 INFLAT14 BEAT14 SYS114 DIA114 SYS0114 SYSC114 DIAC114 SYS214 DIA214 SYS0214 SYSC214 DIAC214	HOURS14 MINUTE14 TIMEAT14 CUFF14 PSYSTO14 ZERO14 INFLAT14 BEAT14 SYS114 DIA114 SYS0114 SYSC114 DIAC114 SYS214 DIA214 SYS0214 SYSC214 DIAC214
<u>Standard Blood Pressure</u> 1st standard systolic reading 1st standard diastolic reading 2nd standard systolic reading 2nd standard diastolic reading Technician ID	TECHID14	STSYS114 STDIA114 TECHID14	STSYS114 STDIA114 STSYS214 STDIA214 TECHID14	STSYS114 STDIA114 STSYS214 STDIA214 TECHID14	STSYS114 STDIA114 STSYS214 STDIA214 TECHID14	STSYS114 STDIA114 STSYS214 STDIA214 TECHID14	STSYS114 STDIA114 STSYS214 STDIA214 TECHID14

Seated Blood Pressure Form (cont.)

Question	Year 8	Year 9	Year 10	Year 11	Year 12
Date Selection Variable		DATE14	DATE14	DATE14	
<u>Time of day</u> Hour Minute Hours since last meal: Cuff Size <u>Pulse Obliteration Pressure</u> Palpated systolic Maximum zero level Maximal inflation level <u>30 Second Heart rate</u> <u>Seated Readings</u> - Zero Muddler B.P. 1st systolic reading 1st diastolic reading 1st zero systolic corrected systolic corrected diastolic 2nd systolic reading 2nd diastolic reading 2nd zero systolic corrected systolic corrected diastolic		HOURS14 MINUTE14 TIMEAT14 CUFF14 PSYSTO14 INFLAT14 BEAT14	HOURS14 MINUTE14 TIMEAT14 CUFF14 PSYSTO14 INFLAT14 BEAT14	HOURS14 MINUTE14 TIMEAT14 CUFF14 PSYSTO14 INFLAT14 BEAT14	
<u>Standard Blood Pressure</u> 1st standard systolic reading 1st standard diastolic reading 2nd standard systolic reading 2nd standard diastolic reading Technician ID		STSYS114 STDIA114 STSYS214 STDIA214 TECHID14	STSYS114 STDIA114 STSYS214 STDIA214 TECHID14	STSYS114 STDIA114 STSYS214 STDIA214 TECHID14	

Supine Ankle-Arm Blood Pressure Form
(Record 15)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
Date Selection Variable	DATE15			DATE15	DATE15		
Participant ID	IDNO			IDNO	IDNO		
<u>Pulse Obliteration Pressure</u> Palpated systolic Maximal inflation level (palpated systolic + 30)	PALP15 MAXINF15			PALP15 MAXINF15	PALP15 MAXINF15		
<u>First Systolic Readings</u> Right brachial Right posterior tibial Left posterior tibial	BRACH115 RTIB115 LTIB115			BRACH115 RTIB115 LTIB115	BRACH115 RTIB115 LTIB115		
<u>Second Systolic Readings</u> Right brachial Right posterior tibial Left posterior tibial	BRACH215 RTIB215 LTIB215			BRACH215 RTIB215 LTIB215	BRACH215 RTIB215 LTIB215		
Procedure completed?				PROCMP15	PROCMP15		

<u>Why not completed</u> (right OR left leg) Right leg: unable to occlude ulceration amputation can't locate artery other specify other Left leg: unable to occlude ulceration amputation can't locate artery other specify other				ROCCLU15 RULCER14 RAMPU15 RULTA15 ROTH15 OTHSPC15 LOCCLU15 LULCER15 LAMPU15 LULTA15 LOTH15 OTHSPC15	ROCCLU15 RULCER14 RAMPU15 RULTA15 ROTH15 OTHSPC15 LOCCLU15 LULCER15 LAMPU15 LULTA15 LOTH15 OTHSPC15		
Technician ID	TECHID15			TECHID15	TECHID15		

Supine Ankle-Arm Blood Pressure Form (cont.)

Question	Year 8	Year 9	Year 10	Year 11	Year 12
Date Selection Variable				DATE15	
Participant ID				IDNO	
<u>Pulse Obliteration Pressure</u> Palpated systolic Maximal inflation level (palpated systolic + 30)				PALP15 MAXINF15	
<u>First Systolic Readings</u> Right brachial Right posterior tibial Left posterior tibial				BRACH115 RTIB115 LTIB115	
<u>Second Systolic Readings</u> Right brachial Right posterior tibial Left posterior tibial				BRACH215 RTIB215 LTIB215	

Procedure completed?				PROCMP15	
<u>Reason not completed</u> (answered for either right OR left leg) Right leg: unable to occlude ulceration amputation can't locate tibial artery other specify other Left leg: unable to occlude ulceration amputation can't locate tibial artery other specify other				ROCCLU15 RULCER14 RAMPU15 RARTER15 ROTH15 OTHSPC15 LOCCLU15 LULCER15 LAMPU15 LARTER15 LOTH15 OTHSPC15	
Technician ID				TECHID15	

Orthostatic Blood Pressure and Heart Rate Measurements Form
(Record 16)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
Date Selection Variable	DATE16			DATE16	DATE16		
Participant ID	IDNO			IDNO	IDNO		
<u>Pulse Obliteration Pressure</u> Palpated systolic Maximal inflation level (palpated systolic + 30)	PALP16 MAXINF16			PALP16 MAXINF16	PALP16 MAXINF16		

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
<u>Supine Reading</u> Heart rate (30 second) Hour measurement taken Minute measurement taken AM or PM indicator Blood Pressure: Systolic Blood Pressure: Diastolic	SUPPUL16 HOUR116 MIN116 AMPM116 SUPSYS16 SUPDIA16			SUPPUL16 HOUR116 MIN116 AMPM116 SUPSYS16 SUPDIA16	SUPPUL16 HOUR116 MIN116 AMPM116 SUPSYS16 SUPDIA16		
<u>Standing Reading</u> <u>(after 3 minutes of standing)</u> Feel dizzy, lightheaded, or faint? Heart rate (30 second) Hour measurement taken Minute measurement taken AM or PM indicator Blood Pressure: Systolic Blood Pressure: Diastolic	DIZZY16 STDPUL16 HOUR316 MIN316 AMPM316 STDSYS16 STDDIA16			DIZZY16 STDPUL16 HOUR316 MIN316 AMPM316 STDSYS16 STDDIA16	DIZZY16 STDPUL16 HOUR316 MIN316 AMPM316 STDSYS16 STDDIA16		
Technician ID	TECHID16			TECHID16	TECHID16		

Calculated Variables

BLOOD PRESSURE VARIABLES Variable Label	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
Min ankle-arm ratio: minimum of RTAAI and LTAAI	AAI			AAI	AAI		
Average of first and second seated diastolic bp readings (using random zero sphygmomanometer for Baseline and Year 3)	AVZMDIA	AVZMDIA	AVEDIA	AVEDIA	AVEDIA	AVEDIA	AVEDIA
Average of first and second seated systolic bp readings (using random zero sphygmomanometer for Baseline and Year 3)	AVZMSYS	AVZMSYS	AVESYS	AVESYS	AVESYS	AVESYS	AVESYS
Average of first and second systolic brachial bp readings from supine ankle-arm bp	BRACH			BRACH	BRACH		
Calc. HTN status	HYPER*				HYPER*		
Calc. isolated systolic HTN	IHYPER†				IHYPER†		
Left ankle-arm index = LTIB/BRACH	LTAAI			LTAAI	LTAAI		
Average of first and second left tibial systolic bp readings from supine ankle-arm bp	LTIB			LTIB	LTIB		
Orthostatic hypotension	ORTH**				ORTH**		
Right ankle-arm index = RTIB/BRACH	RTAAI			RTAAI	RTAAI		
Average of first and second right tibial systolic bp readings from supine ankle-arm bp	RTIB			RTIB	RTIB		

*The calculated hypertension status variable is coded as follows: HYPER=0 if Normotensive; HYPER=1 if Borderline Hypertensive, defined by seated blood pressure average systolic = 140-159 mmHg OR seated blood pressure average diastolic = 90-94 mmHg; HYPER=2 if Hypertensive, defined by seated blood pressure average systolic \geq 160 mmHg OR seated blood pressure average diastolic \geq 95 mmHg OR hx of hypertension = Yes AND participant takes antihypertensive medication. Antihypertensive medications include Beta-blockers, Calcium-channel blockers, Diuretics, Vasodilators, Beta-blockers with Diuretics, Angiotensin converting enzyme inhibitors, Angiotensin converting enzyme with Diuretics, Vasodilators with Diuretics.

†The calculated isolated systolic hypertension variable is coded as follows: IHYPER=1 if Normotensive; IHYPER=2 if Borderline Isolated Systolic Hypertension, defined by systolic = 140-159 AND diastolic < 90; IHYPER=3 if Isolated Systolic Hypertension, defined by systolic \geq 160 AND diastolic < 90; IHYPER=4 if Diastolic Hypertension, defined by diastolic \geq 90.

**Orthostatic hypotension is the change in systolic blood pressure between the supine and standing positions. ORTH=0 if Normal; ORTH=1 if Abnormal, defined by a drop in systolic bp > 20 mmHg OR a drop in diastolic bp > 10 mmHg OR if standing procedures were not performed due to patient dizziness.

Calculated Variables (cont.)

BLOOD PRESSURE VARIABLES Variable Label	Year 8	Year 9	Year 10	Year 11	Year 12
Min ankle-arm ratio: minimum of RTAAI and LTAAI					
Average of first and second seated diastolic bp readings (using random zero sphygmomanometer for Baseline and Year 3)					
Average of first and second seated systolic bp readings (using random zero sphygmomanometer for Baseline and Year 3)					
Average of first and second systolic brachial bp readings from supine ankle-arm bp					
Calc. HTN status					
Calc. isolated systolic HTN					
Left ankle-arm index = LTIB/BRACH					
Average of first and second left tibial systolic bp readings from supine ankle-arm bp					
Orthostatic hypotension					
Right ankle-arm index = RTIB/BRACH					
Average of first and second right tibial systolic bp readings from supine ankle-arm bp					

Ultrasound Examination Report
(Record 20)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
Date Selection Variable	DATE20			DATE20	DATE20		
Results of (carotid) examination : done/incomplete/not done Reason test incomplete or not done other, specify Were any alert conditions noted? If yes, specify Was Doppler flow velocity 2.5m/s or greater?	COMPIN20 REASON20 RSSPEC20 ALRT20 ALSPEC20			COMPIN20 REASON20 RSSPEC20 ALRT20	COMPIN20 REASON20 RSSPEC20 ALRT20		
Results of aortic examination (done/incomplete/not done) Reason test incomplete or not done Results/alerts				ACMPIN20 AREASN20 AALRT20	ACMPIN20 AREASN20 AALRT20		
Date of visit Year of study Carotid sonographer Aortic sonographer	DATE20 YEAR20			DATE20 YEAR20 CTECH20 ATECH20	DATE20 YEAR20 CTECH20 ATECH20		

Ultrasound Exam Report (cont.)

Question	Year 8	Year 9	Year 10	Year 11	Year 12
Date Selection Variable				DATE20	
Results of (carotid) examination : done/incomplete/not done Reason test incomplete or not done other, specify Were any alert conditions noted? If yes, specify Was Doppler flow velocity 2.5m/s or greater?				COMPIN20 REASON20 RSSPEC20 ALRT20	
Results of aortic examination (done/incomplete/not done) Reason test incomplete or not done Results/alerts					
Date of visit Year of study Carotid sonographer Aortic sonographer				DATE20 YEAR20 CTECH20	

Ultrasound Reading Center Data
(Record 41 -- ULTRA Database)

These are ORIGINAL readings for each year. Baseline re-reads are in Rec 55. Data for **Year 11** are in Record 82.

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
Date Selection Variable (Scan Date)	SCDATE41			SCDATE41	SCDATE41		
Participant ID	IDNO			IDNO	IDNO		
<u>Side #1 -- Right</u> Percent Stenosis Lesion Surface Lesion Morphology Color Doppler Lesion Density P Wave (Pulsed Wave) C Wave (Continuous Wave)	PSTEN141 LSRFC141 LMRPH141 LOCAT141 LDENS141 PW141 CW141			PSTEN141 LSRFC141 LMRPH141 LOCAT141 LDENS141 PW141	PSTEN141 LSRFC141 LMRPH141 LOCAT141 LDENS141 PW141		
<u>Side #2 -- Left</u> Percent Stenosis Lesion Surface Lesion Morphology Color Doppler Lesion Density P Wave (Pulsed Wave) C Wave (Continuous Wave)	PSTEN241 LSRFC241 LMRPH241 LOCAT241 LDENS241 PW241 CW241			PSTEN241 LSRFC241 LMRPH241 LOCAT241 LDENS241 PW241	PSTEN241 LSRFC241 LMRPH241 LOCAT241 LDENS241 PW241		
<u>Scan #1 -- Right Common Carotid</u> Image Quality Line Drawn -- #1 Line Drawn -- #2 Line Drawn -- #3 Line Drawn -- #4 Line Drawn -- #5 Line Drawn -- #6 Vessel Maximum	IQUAL141 LD1141 LD1241 LD1341 LD1441 LD1541 LD1641 VMAX141			IQUAL141 LD1141 LD1241 LD1341 LD1441 LD1541 LD1641 VMAX141	IQUAL141 LD1141 LD1241 LD1341 LD1441 LD1541 LD1641 VMAX141		

Ultrasound Reading Center Data (cont.)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
<u>Near Wall</u>							
Near Wall Minimum	NMIN141			NMIN141	NMIN141		
Near Wall Mean	NMEAN141			NMEAN141	NMEAN141		
Near Wall Maximum	NMAX141			NMAX141	NMAX141		
Near Wall Standard Deviation	NSTDV141			NSTDV141	NSTDV141		
<u>Far Wall</u>							
Far Wall Minimum	FMIN141			FMIN141	FMIN141		
Far Wall Mean	FMEAN141			FMEAN141	FMEAN141		
Far Wall Maximum	FMAX141			FMAX141	FMAX141		
Far Wall Standard Deviation	FSTDV141			FSTDV141	FSTDV141		
Lumen Minimum	LUMIN141			LUMIN141	LUMIN141		
Lumen Maximum	LUMAX141			LUMAX141	LUMAX141		
<u>Scan #2 -- Right Internal Carotid (Anterior View)</u>							
Image Quality	IQUAL241			IQUAL241	IQUAL241		
Line Drawn -- #1	LD2141			LD2141	LD2141		
Line Drawn -- #2	LD2241			LD2241	LD2241		
Line Drawn -- #3	LD2341			LD2341	LD2341		
Line Drawn -- #4	LD2441			LD2441	LD2441		
Line Drawn -- #5	LD2541			LD2541	LD2541		
Line Drawn -- #6	LD2641			LD2641	LD2641		
Vessel Maximum	VMAX241			VMAX241	VMAX241		
<u>Near Wall</u>							
Near Wall Minimum	NMIN241			NMIN241	NMIN241		
Near Wall Mean	NMEAN241			NMEAN241	NMEAN241		
Near Wall Maximum	NMAX241			NMAX241	NMAX241		
Near Wall Standard Deviation	NSTDV241			NSTDV241	NSTDV241		
<u>Far Wall</u>							
Far Wall Minimum	FMIN241			FMIN241	FMIN241		
Far Wall Mean	FMEAN241			FMEAN241	FMEAN241		
Far Wall Maximum	FMAX241			FMAX241	FMAX241		
Far Wall Standard Deviation	FSTDV241			FSTDV241	FSTDV241		

Ultrasound Reading Center Data (cont.)

Ultrasound Reading Center Data (cont.)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
Lumen Minimum Lumen Maximum	LUMIN241 LUMAX241			LUMIN241 LUMAX241	LUMIN241 LUMAX241		
<u>Scan #3 -- Right Internal Carotid (Lateral View)</u>							
Image Quality	IQUAL341			IQUAL341	IQUAL341		
Line Drawn -- #1	LD3141			LD3141	LD3141		
Line Drawn -- #2	LD3241			LD3241	LD3241		
Line Drawn -- #3	LD3341			LD3341	LD3341		
Line Drawn -- #4	LD3441			LD3441	LD3441		
Line Drawn -- #5	LD3541			LD3541	LD3541		
Line Drawn -- #6	LD3641			LD3641	LD3641		
Vessel Maximum	VMAX341			VMAX341	VMAX341		
<u>Near Wall</u>							
Near Wall Minimum	NMIN341			NMIN341	NMIN341		
Near Wall Mean	NMEAN341			NMEAN341	NMEAN341		
Near Wall Maximum	NMAX341			NMAX341	NMAX341		
Near Wall Standard Deviation	NSTDV341			NSTDV341	NSTDV341		
<u>Far Wall</u>							
Far Wall Minimum	FMIN341			FMIN341	FMIN341		
Far Wall Mean	FMEAN341			FMEAN341	FMEAN341		
Far Wall Maximum	FMAX341			FMAX341	FMAX341		
Far Wall Standard Deviation	FSTDV341			FSTDV341	FSTDV341		
Lumen Minimum Lumen Maximum	LUMIN341 LUMAX341			LUMIN341 LUMAX341	LUMIN341 LUMAX341		

Ultrasound Reading Center Data (cont.)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
<u>Scan #4 -- Right Internal Carotid (Posterior View)</u>							
Image Quality	IQUAL441			IQUAL441	IQUAL441		
Line Drawn -- #1	LD4141			LD4141	LD4141		
Line Drawn -- #2	LD4241			LD4241	LD4241		
Line Drawn -- #3	LD4341			LD4341	LD4341		
Line Drawn -- #4	LD4441			LD4441	LD4441		
Line Drawn -- #5	LD4541			LD4541	LD4541		
Line Drawn -- #6	LD4641			LD4641	LD4641		
Vessel Maximum	VMAX441			VMAX441	VMAX441		
<u>Near Wall</u>							
Near Wall Minimum	NMIN441			NMIN441	NMIN441		
Near Wall Mean	NMEAN441			NMEAN441	NMEAN441		
Near Wall Maximum	NMAX441			NMAX441	NMAX441		
Near Wall Standard Deviation	NSTDV441			NSTDV441	NSTDV441		
<u>Far Wall</u>							
Far Wall Minimum	FMIN441			FMIN441	FMIN441		
Far Wall Mean	FMEAN441			FMEAN441	FMEAN441		
Far Wall Maximum	FMAX441			FMAX441	FMAX441		
Far Wall Standard Deviation	FSTDV441			FSTDV441	FSTDV441		
Lumen Minimum	LUMIN441			LUMIN441	LUMIN441		
Lumen Maximum	LUMAX441			LUMAX441	LUMAX441		
<u>Scan #5 -- Left Common Carotid</u>							
Image Quality	IQUAL541			IQUAL541	IQUAL541		
Line Drawn -- #1	LD5141			LD5141	LD5141		
Line Drawn -- #2	LD5241			LD5241	LD5241		
Line Drawn -- #3	LD5341			LD5341	LD5341		
Line Drawn -- #4	LD5441			LD5441	LD5441		
Line Drawn -- #5	LD5541			LD5541	LD5541		
Line Drawn -- #6	LD5641			LD5641	LD5641		

Ultrasound Reading Center Data (cont.)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
<u>Near Wall</u>							
Near Wall Minimum	NMIN541			NMIN541	NMIN541		
Near Wall Mean	NMEAN541			NMEAN541	NMEAN541		
Near Wall Maximum	NMAX541			NMAX541	NMAX541		
Near Wall Standard Deviation	NSTDV541			NSTDV541	NSTDV541		
<u>Far Wall</u>							
Far Wall Minimum	FMIN541			FMIN541	FMIN541		
Far Wall Mean	FMEAN541			FMEAN541	FMEAN541		
Far Wall Maximum	FMAX541			FMAX541	FMAX541		
Far Wall Standard Deviation	FSTDV541			FSTDV541	FSTDV541		
Lumen Minimum	LUMIN541			LUMIN541	LUMIN541		
Lumen Maximum	LUMAX541			LUMAX541	LUMAX541		
<u>Scan #6 -- Left Internal Carotid (Anterior View)</u>							
Image Quality	IQUAL641			IQUAL641	IQUAL641		
Line Drawn -- #1	LD6141			LD6141	LD6141		
Line Drawn -- #2	LD6241			LD6241	LD6241		
Line Drawn -- #3	LD6341			LD6341	LD6341		
Line Drawn -- #4	LD6441			LD6441	LD6441		
Line Drawn -- #5	LD6541			LD6541	LD6541		
Line Drawn -- #6	LD6641			LD6641	LD6641		
Vessel Maximum	VMAX641			VMAX641	VMAX641		
<u>Near Wall</u>							
Near Wall Minimum	NMIN641			NMIN641	NMIN641		
Near Wall Mean	NMEAN641			NMEAN641	NMEAN641		
Near Wall Maximum	NMAX641			NMAX641	NMAX641		
Near Wall Standard Deviation	NSTDV641			NSTDV641	NSTDV641		
<u>Far Wall</u>							
Far Wall Minimum	FMIN641			FMIN641	FMIN641		
Far Wall Mean	FMEAN641			FMEAN641	FMEAN641		
Far Wall Maximum	FMAX641			FMAX641	FMAX641		
Far Wall Standard Deviation	FSTDV641			FSTDV641	FSTDV641		

Ultrasound Reading Center Data (cont.)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
Lumen Minimum Lumen Maximum	LUMIN641 LUMAX641			LUMIN641 LUMAX641	LUMIN641 LUMAX641		
<u>Scan #7 -- Left Internal Carotid (Lateral View)</u> Image Quality Line Drawn -- #1 Line Drawn -- #2 Line Drawn -- #3 Line Drawn -- #4 Line Drawn -- #5 Line Drawn -- #6 Vessel Maximum	IQUAL741 LD7141 LD7241 LD7341 LD7441 LD7541 LD7641 VMAX741			IQUAL741 LD7141 LD7241 LD7341 LD7441 LD7541 LD7641 VMAX741	IQUAL741 LD7141 LD7241 LD7341 LD7441 LD7541 LD7641 VMAX741		
<u>Near Wall</u> Near Wall Minimum Near Wall Mean Near Wall Maximum Near Wall Standard Deviation <u>Far Wall</u> Far Wall Minimum Far Wall Mean Far Wall Maximum Far Wall Standard Deviation	NMIN741 NMEAN741 NMAX741 NSTDV741 FMIN741 FMEAN741 FMAX741 FSTDV741			NMIN741 NMEAN741 NMAX741 NSTDV741 FMIN741 FMEAN741 FMAX741 FSTDV741	NMIN741 NMEAN741 NMAX741 NSTDV741 FMIN741 FMEAN741 FMAX741 FSTDV741		
Lumen Minimum Lumen Maximum	LUMIN741 LUMAX741			LUMIN741 LUMAX741	LUMIN741 LUMAX741		

Ultrasound Reading Center Data (cont.)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
<u>Scan #8 -- Left Internal Carotid (Posterior View)</u>							
Image Quality	IQUAL841			IQUAL841	IQUAL841		
Line Drawn -- #1	LD8141			LD8141	LD8141		
Line Drawn -- #2	LD8241			LD8241	LD8241		
Line Drawn -- #3	LD8341			LD8341	LD8341		
Line Drawn -- #4	LD8441			LD8441	LD8441		
Line Drawn -- #5	LD8541			LD8541	LD8541		
Line Drawn -- #6	LD8641			LD8641	LD8641		
Vessel Maximum	VMAX841			VMAX841	VMAX841		
<u>Near Wall</u>							
Near Wall Minimum	NMIN841			NMIN841	NMIN841		
Near Wall Mean	NMEAN841			NMEAN841	NMEAN841		
Near Wall Maximum	NMAX841			NMAX841	NMAX841		
Near Wall Standard Deviation	NSTDV841			NSTDV841	NSTDV841		
<u>Far Wall</u>							
Far Wall Minimum	FMIN841			FMIN841	FMIN841		
Far Wall Mean	FMEAN841			FMEAN841	FMEAN841		
Far Wall Maximum	FMAX841			FMAX841	FMAX841		
Far Wall Standard Deviation	FSTDV841			FSTDV841	FSTDV841		
Lumen Minimum	LUMIN841			LUMIN841	LUMIN841		
Lumen Maximum	LUMAX841			LUMAX841	LUMAX841		

Ultrasound Reading Center Data (cont.)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
<u>Administrative Information</u>							
SWS Software Version	SWSVER41			SWSVER41	SWSVER41		
RWS Software Version	RWSVER41			RWSVER41	RWSVER41		
Date Read at Reading Center	RDDATE41			RDDATE41	RDDATE41		
<not presently in use>	SRID41			SRID41	SRID41		
Sonographer ID	SONOGR41			SONOGR41	SONOGR41		
URC Reader ID	READID41			READID41	READID41		
Quality Control Composite Field (contains next 4 QC variables)	QC41			QC41	QC41		
Intra-reader Quality Control	INTRAQ41			INTRAQ41	INTRAQ41		
Inter-reader Quality Control	INTERQ41			INTERQ41	INTERQ41		
PI Review	PIREV41			PIREV41	PIREV41		
Quality Control Check	QCCHK41			QCCHK41	QCCHK41		

Ultrasound Reading Center Data
(Record 82 -- ULTRA Database)

Question	Year 8	Year 9	Year 10	Year 11	Year 12
Date Selection Variable (Scan Date)				SCDATE82	
Participant ID				IDNO	
<u>Side #1 -- Right</u> Percent Stenosis Lesion Surface Lesion Morphology Lesion Density Color Doppler				PSTEN182 LSRFC182 LMRPH182 LDENS182 LOCAT182	
<u>Side #2 -- Left</u> Percent Stenosis Lesion Surface Lesion Morphology Lesion Density Color Doppler				PSTEN282 LSRFC282 LMRPH282 LDENS282 LOCAT282	
Doppler Greater than 2.5 m/s P wave, Right Side P wave, Left Side				ALERT82 DOPPL182 DOPPL282	
<u>Scan #1 -- Right Common Carotid</u> Image Scale(pixels/cm) Image Quality Number of Lines Drawn Vessel Maximum Vessel Wall Minimum Vessel Wall Mean Vessel Wall Standard Deviation				ISCAL182 IQUAL182 LINES182 VMAX182 VMIN182 VMEAN182 VSTDV182	

Record 82 Ultrasound Reading Center Data (cont.)

Question	Year 8	Year 9	Year 10	Year 11	Year 12
<u>Near Wall</u> Near Wall Minimum Near Wall Mean Near Wall Maximum Near Wall Standard Deviation <u>Far Wall</u> Far Wall Minimum Far Wall Mean Far Wall Maximum Far Wall Standard Deviation				NMIN182 NMEAN182 NMAX182 NSTDV182 FMIN182 FMEAN182 FMAX182 FSTDV182	
<u>Edge Detect</u> Far Wall Minimum Far Wall Mean Far Wall Maximum Far Wall Standard Deviation				EDMIN182 EDMEA182 EDMAX182 EDSTD182	
Lumen Minimum Lumen Mean Lumen Maximum Lumen Standard Deviation				LUMIN182 LUMEA182 LUMAX182 LUSTD182	
<u>Scan #2 -- Right Internal Carotid</u> <u>(Anterior View)</u> Image Scale(pixels/cm) Image Quality Number of Lines Drawn Vessel Maximum Vessel Wall Minimum Vessel Wall Mean Vessel Wall Standard Deviation				ISCAL282 IQUAL282 LINES282 VMAX282 VMIN282 VMEAN282 VSTDV282	

Record 82 Ultrasound Reading Center Data (cont.)

Question	Year 8	Year 9	Year 10	Year 11	Year 12
<u>Near Wall</u> Near Wall Minimum Near Wall Mean Near Wall Maximum Near Wall Standard Deviation <u>Far Wall</u> Far Wall Minimum Far Wall Mean Far Wall Maximum Far Wall Standard Deviation				NMIN282 NMEAN282 NMAX282 NSTDV282 FMIN282 FMEAN282 FMAX282 FSTDV282	
Lumen Minimum Lumen Mean Lumen Maximum Lumen Standard Deviation				LUMIN282 LUMEA282 LUMAX282 LUSTD282	
<u>Scan #3 -- Right Internal Carotid (Lateral View)</u> Image Scale(pixels/cm) Image Quality Number of Lines Drawn Vessel Maximum Vessel Wall Minimum Vessel Wall Mean Vessel Wall Standard Deviation				ISCAL382 IQUAL382 LINES382 VMAX382 VMIN382 VMEAN382 VSTDV382	

Record 82 Ultrasound Reading Center Data (cont.)

Question	Year 8	Year 9	Year 10	Year 11	Year 12
<u>Near Wall</u> Near Wall Minimum Near Wall Mean Near Wall Maximum Near Wall Standard Deviation <u>Far Wall</u> Far Wall Minimum Far Wall Mean Far Wall Maximum Far Wall Standard Deviation				NMIN382 NMEAN382 NMAX382 NSTDV382 FMIN382 FMEAN382 FMAX382 FSTDV382	
Question	Year 8	Year 9	Year 10	Year 11	Year 12
Lumen Minimum Lumen Mean Lumen Maximum Lumen Standard Deviation				LUMIN382 LUMEA382 LUMAX382 LUSTD382	
<u>Scan #4 -- Right Internal Carotid (Posterior View)</u> Image Scale(pixels/cm) Image Quality Number of Lines Drawn Vessel Maximum Vessel Wall Minimum Vessel Wall Mean Vessel Wall Standard Deviation				ISCAL482 IQUAL482 LINES482 VMAX482 VMIN482 VMEAN482 VSTDV482	

Record 82 Ultrasound Reading Center Data (cont.)

Question	Year 8	Year 9	Year 10	Year 11	Year 12
<u>Near Wall</u> Near Wall Minimum Near Wall Mean Near Wall Maximum Near Wall Standard Deviation <u>Far Wall</u> Far Wall Minimum Far Wall Mean Far Wall Maximum Far Wall Standard Deviation				NMIN482 NMEAN482 NMAX482 NSTDV482 FMIN482 FMEAN482 FMAX482 FSTDV482	
Lumen Minimum Lumen Mean Lumen Maximum Lumen Standard Deviation				LUMIN482 LUMEA482 LUMAX482 LUSTD482	

Record 82 Ultrasound Reading Center Data (cont.)

Question	Year 8	Year 9	Year 10	Year 11	Year 12
<u>Scan #5 -- Left Common Carotid</u> Image Scale(pixels/cm) Image Quality Number of Lines Drawn Vessel Maximum Vessel Wall Minimum Vessel Wall Mean Vessel Wall Standard Deviation				ISCAL582 IQUAL582 LINES582 VMAX582 VMIN582 VMEAN582 VSTDV582	
<u>Near Wall</u> Near Wall Minimum Near Wall Mean Near Wall Maximum Near Wall Standard Deviation <u>Far Wall</u> Far Wall Minimum Far Wall Mean Far Wall Maximum Far Wall Standard Deviation				NMIN582 NMEAN582 NMAX582 NSTDV582 FMIN582 FMEAN582 FMAX582 FSTDV582	
<u>Edge Detect</u> Far Wall Minimum Far Wall Mean Far Wall Maximum Far Wall Standard Deviation				EDMIN582 EDMEA582 EDMAX582 EDSTD582	
Lumen Minimum Lumen Mean Lumen Maximum Lumen Standard Deviation				LUMIN582 LUMEA582 LUMAX582 LUSTD582	

Record 82 Ultrasound Reading Center Data (cont.)

Question	Year 8	Year 9	Year 10	Year 11	Year 12
<u>Scan #6 -- Left Internal Carotid</u> <u>(Anterior View)</u> Image Scale(pixels/cm) Image Quality Number of Lines Drawn Vessel Maximum Vessel Wall Minimum Vessel Wall Mean Vessel Wall Standard Deviation				ISCAL682 IQUAL682 LINES682 VMAX682 VMIN682 VMEAN682 VSTDV682	
<u>Near Wall</u> Near Wall Minimum Near Wall Mean Near Wall Maximum Near Wall Standard Deviation <u>Far Wall</u> Far Wall Minimum Far Wall Mean Far Wall Maximum Far Wall Standard Deviation				NMIN682 NMEAN682 NMAX682 NSTDV682 FMIN682 FMEAN682 FMAX682 FSTDV682	
Lumen Minimum Lumen Mean Lumen Maximum Lumen Standard Deviation				LUMIN682 LUMEA682 LUMAX682 LUSTD682	
<u>Scan #7 -- Left Internal Carotid</u> <u>(Lateral View)</u> Image Scale(pixels/cm) Image Quality Number of Lines Drawn Vessel Maximum Vessel Wall Minimum Vessel Wall Mean Vessel Wall Standard Deviation				ISCAL782 IQUAL782 LINES782 VMAX782 VMIN782 VMEAN782 VSTDV782	

Record 82 Ultrasound Reading Center Data (cont.)

Question	Year 8	Year 9	Year 10	Year 11	Year 12
<u>Near Wall</u> Near Wall Minimum Near Wall Mean Near Wall Maximum Near Wall Standard Deviation <u>Far Wall</u> Far Wall Minimum Far Wall Mean Far Wall Maximum Far Wall Standard Deviation				NMIN782 NMEAN782 NMAX782 NSTDV782 FMIN782 FMEAN782 FMAX782 FSTDV782	
Lumen Minimum Lumen Mean Lumen Maximum Lumen Standard Deviation				LUMIN782 LUMEA782 LUMAX782 LUSTD782	
<u>Scan #8 -- Left Internal Carotid (Posterior View)</u> Image Scale(pixels/cm) Image Quality Number of Lines Drawn Vessel Maximum Vessel Wall Minimum Vessel Wall Mean Vessel Wall Standard Deviation				ISCAL882 IQUAL882 LINES882 VMAX882 VMIN882 VMEAN882 VSTDV882	

Record 82 Ultrasound Reading Center Data (cont.)

Question	Year 8	Year 9	Year 10	Year 11	Year 12
<u>Near Wall</u> Near Wall Minimum Near Wall Mean Near Wall Maximum Near Wall Standard Deviation <u>Far Wall</u> Far Wall Minimum Far Wall Mean Far Wall Maximum Far Wall Standard Deviation				NMIN882 NMEAN882 NMAX882 NSTDV882 FMIN882 FMEAN882 FMAX882 FSTDV882	
Question	Year 8	Year 9	Year 10	Year 11	Year 12
Lumen Minimum Lumen Mean Lumen Maximum Lumen Standard Deviation				LUMIN882 LUMEA882 LUMAX882 LUSTD882	
<u>Administrative Information</u> Scan Time Date Read at Reading Center Time Read at Reading Center Sonographer ID URC Reader ID Reading ID used by URC program Record ID Videotape on which study is recorded Study ID Protocol ID Reading Type				SCTIME82 RDDATE82 RDTIME82 SONOGR82 READID82 READUC82 RECORD82 TAPEID82 STUDY82 PROTO82 READY82	

Calculated Variables

ULTRA VARIABLES Variable Label	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
Average of all available maximum wall thicknesses from the common carotid near and far walls of right and left sides (ie. average of 4 maxima: near and far wall, right and left sides).	*MAXCOM			<u>MAXCOM4</u> <u>1</u>	<u>MAXCOM41</u>		
Average of all available maximum wall thicknesses from the internal carotid near and far walls across three views, and on right and left sides (ie. average of 12 maxima: near and far wall, three internal views, right and left sides)	*MAXINT			<u>MAXINT41</u>	<u>MAXINT41</u>		
Maximum % stenosis	*MAXSTEN†			<u>MXSTEN41</u> †	<u>MXSTEN41†</u>		
Left % stenosis	*PSTENLFT			<u>PSTEN241</u>	<u>PSTEN241</u>		
Right % stenosis	*PSTENRT			<u>PSTEN141</u>	<u>PSTEN141</u>		

*Variables preceded by * are also found in record 55 of ultrabl.sav. Underlined variables are found only in ultrayr5.sav.

Other variables found in one or all of baseboth.sav, basicmin.sav, basicfin.sav. (basicmin.sav and basicfin.sav not available to public users.)

† MAXSTEN = max(PSTENLFT, PSTENRT); MAXSTEN41= max(PSTEN241, PSTEN141).

Aortic Ultrasound Form
(Record 48)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year6	Year 7
Date Selection Variable				SCDATE48	SCDATE48		
Date read at URC				RDDATE48	RDDATE48		
Sonographer ID				SONOGR48	SONOGR48		
URC Reader ID				READID48	READID48		
Lesion surface				LSRFC48	LSRFC48		
Lesion morphology				LMRPH48	LMRPH48		
percent stenosis				PSTEN48	PSTEN48		
epicenter of aortic plaque				LOCAT48	LOCAT48		
lesion density				LDENS48	LDENS48		
<u>suprarenal</u> - image quality - line # 1 drawn - line # 2 drawn - line # 3 drawn - line # 4 drawn - line # 5 drawn - line # 6 drawn - vessel max - lumen min. - lumen max				IQUAL148 LD1148 LD1248 LD1348 LD1448 LD1548 LD1648 VMAX148 LUMIN148 LUMAX148	IQUAL148 LD1148 LD1248 LD1348 LD1448 LD1548 LD1648 VMAX148 LUMIN148 LUMAX148		

* Only done at Year 5, so no table for Years 8-12 is included.

Aortic Ultrasound Form (cont.)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
<u>infrarenal</u> - image quality - line # 1 drawn - line # 2 drawn - line # 3 drawn - line # 4 drawn - line # 5 drawn - line # 6 drawn - vessel max - lumen min. - lumen max				IQUAL248 LD2148 LD2248 LD2348 LD2448 LD2548 LD2648 VMAX248 LUMIN248 LUMAX248	IQUAL248 LD2148 LD2248 LD2348 LD2448 LD2548 LD2648 VMAX248 LUMIN248 LUMAX248		
<u>Longitudinal</u> - image quality - line # 1 drawn - line # 2 drawn - line # 3 drawn - line # 4 drawn - line # 5 drawn - line # 6 drawn - vessel max - near wall min. - near wall mean - near wall max. - near wall standard deviation - far wall min. - far wall mean - far wall max. - far wall standard deviation - lumen min. - lumen max				IQUAL348 LD3148 LD3248 LD3348 LD3448 LD3548 LD3648 VMAX348 NMIN348 NMEAN348 NMAX348 NSTDV348 FMIN348 FMEAN348 FMAX348 FSTDV348 LUMIN348 LUMAX348	IQUAL348 LD3148 LD3248 LD3348 LD3448 LD3548 LD3648 VMAX348 NMIN348 NMEAN348 NMAX348 NSTDV348 FMIN348 FMEAN348 FMAX348 FSTDV348 LUMIN348 LUMAX348		

Aortic Ultrasound Form (cont.)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
<u>Widest Portion</u> - image quality - line # 1 drawn - line # 2 drawn - line # 3 drawn - line # 4 drawn - line # 5 drawn - line # 6 drawn - vessel max - lumen min. - lumen max				IQUAL448 LD4148 LD4248 LD4348 LD4448 LD4548 LD4648 VMAX448 LUMIN448 LUMAX448	IQUAL448 LD4148 LD4248 LD4348 LD4448 LD4548 LD4648 VMAX448 LUMIN448 LUMAX448		
F.C. study repetition count				REPCNT48	REPCNT48		
Intra-reader quality control				INTRAQ48	INTRAQ48		
Inter-reader quality control				INTERQ48	INTERQ48		
Principle Investigator Review				PIREV48	PIREV48		
Quality Control Check				QCCHK48	QCCHK48		
Scan Date				SCDATE48	SCDATE48		

Echocardiography Form
(Record 19)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
Date Selection Variable	DATE19						YEAR19
Participant ID	IDNO						IDNO
Results of examination	COMPIN19						COMPIN19
Reason test incomplete or not done	REASON19						REASON19
Specify other reasons	RSSPEC19						RSSPEC19
Were any alert conditions noted?	ALRT19						
Were any of the following alerts noted? Thrombosis Aortic Dissection Cardiac Tumors Flail Leaflet Tamponade Vegetation Sig. Seg. Wall Motion Abnormality Severe Global LV Sys. Dysfunction Proximal Aortic Aneurysm Pericardial Effusion > 0.5 cm Significant Aortic Stenosis Significant Mitral Stenosis Aortic Regurgitation 3+, 4+ Mitral Regurgitation 3+, 4+							THROMB19 AORDIS19 TUMORS19 FLLEAF19 TAMPND19 VEG19 SWMABN19 GLVSD19 AORAN19 PEREFF19 AORSTN19 MITSTN19 AORREG19 MITREG19
Specify other alerts	ALSPEC19						
Technician ID	TECHID19						TECHID19

Echo Data
(Record 43)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
<u>Date Selection Variables</u> Date echo performed Date echo read Study code / type of study	ECHODT43 READDT43 STDY43						ECHODT43 READDT43 STUDY43
Code for reader / ID number Tech ID number	A43 TECHID43						READER43 TECHID43
<u>Patient data from echo reading center</u> * sex age height (cm) weight (kg) body surface area systolic blood pressure (mmHg) diastolic blood pressure (mmHg) heart rate (beats/min)	SEX43 AGE43 HT43 WT43 BSA43 SBP43 DBP43 HRT43						
<u>Quality scores</u> 2-D parasternal view 2-D apical view M-mode aorta/LS view M-mode LV view Doppler parasternal Doppler apical Color Doppler LV inflow doppler LV outflow doppler	QS2DPR43 QS2DAP43 QSMMAL43 QSMMLV43 QSDPPR43 QSDPAP43 QSCD43						LVQUAL43 INQUAL43 OUTQUL43

Question	Baseline	Year 3	Echo Data (cont.) Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
<u>Clinical impression/diagnosis</u> Comment/diag/alert 1 ... Comment/diag/alert 4	DC1A43 ... DC4A43						ALERT43

* Do not use these data for analysis - they are very dirty.

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
<u>Qualitative assessments</u> LV chamber size LA chamber size LV ejection fraction LV wall motion	LVCS43 LACS43 LVEF43 LVSWM43						LVFNCT43 RWMA43
<u>Color doppler data (ratio)</u> Ratio aortic RG jet height to LV outflow tract diameter Ratio mitral RG jet area to LA area Tricuspid regurg	CDJHLO43, CDJH43 CDRJAL43, CDJA43						AR43 MR43 TR43
<u>Doppler data</u> Doppler flow velocity integral Doppler mitral early peak flow velocity Doppler mitral late peak flow velocity Ratio of late to early peak flow velocity Early diastole mitral flow velocity int Late diastole mitral flow velocity int Ratio of late to early mitral flow vel int First third diastolic filling fraction Isovolumic relaxation time Pulmonary artery acceleration time	DPLVI43 DPMEP43 DPMAP43 DPVAE43 DPMEI43 DPMAI43 PDIAE43 DPFF1343 DPIVRT43 DPPACC43						DPMEP43 DPMAP43

Echo Data (cont.)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
<u>M-Mode Data</u> LV dimension in diastole LV dimension in systole Ventricular septal thickness in diastole Ventricular septal thickness in systole LV posterior wall thickness in diastole LV posterior wall thickness in systole LA dimension (cm) Aortic root dimension (cm) LV percent fractional shortening (%FS) LV end systolic stress LV mass (g)	MMLVDD43 MMLVDS43 MMVSTD43 MMVSTS43 MMLVWD43 MMLVWS43 MMLAD43 MMARD43 MMLVFS43 NEWESS43 NEWLVM43						MMLVDD43 MMLVDS43 MMVSTD43 MMVSTS43 MMLVWD43 MMLVWS43 MMLAD43 MMARD43 MMLVFS43 MMLVSS43 MMLVMS43
Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
<u>M-Mode Data(cont.)</u> Ratio of systolic stress to %FS Expected fractional shortening (FS) Ratio of actual to expected FS	MMLVFS43** MMLVEF43 MMLVAE43						MMLVFS43 MMLVSS43 MMLVMS43
<u>2D Data</u> Study code Reader code Read date	STUDY43 RDR2D43 DT2D43						

Echo Data (cont.)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
<u>2D Data Quality scores</u> 2-D parasternal view 2-D apical view M-mode aorta/LS view M-mode LV view Doppler parasternal Doppler apical Color Doppler	PR2DQS43 AP2DQS43 MMALQS43 MMLVQS43 DPPRQS43 DPAPQS43 CDQS43						
<u>2D Data Qualitative assessments</u> LV chamber size LA chamber size LV ejection fraction LV wall motion Apical 4ch IVS basal 4ch IVS mid 4ch IVS apical 4ch lat apical LV 4ch lat mid LV 4ch lat basal LV 2ch inf basal LV 2ch inf mid LV 2ch inf apical LV	LVCS243 LACS243 LVEF243 LVSWM243 Q4IVSB43 Q4IVSM43 Q4IVSA43 Q4LALV43 Q4LMLV43 Q4LBLV43 Q2IBLV43 Q2IMLV43 Q2IALV43						

**This variable was computed using an incorrect variable in the numerator. Until a new variable is computed, if you need to use this ratio you should recompute it using NEWESS43 in the numerator.

Echo Data (cont.)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
2ch ant apical LV 2ch ant mid LV 2ch ant basal LV Parasternal Sax at Papillary Muscle Inf VS Mid VS Ant VS Ant LV Ant lat LV Post lat LV Inf post LV Inf LV LV Wall Motion Summary	Q2AALV43 Q2AMLV43 Q2ABLV43 QSIVS43 QSMVS43 QSAVS43 QSALV43 QXALLV43 QSPLLV43 QSIPLV43 QSILV43 QLLVWM43						
<u>2D Data Clinical impression/diagnosis</u> Alert Comment/diag/alert 1 ... Comment/diag/alert 4	DC1B43 ... DC4B43						
Mitral ann. Ca+ Aortic ring ann. Ca+ Aortic CW velocity Aortic leaf thickening Aortic leaf excurs TR CW velocity VTI - AV Peak velocity							MAC43 AOAC43 AOCW43 AOTHCK43 AOEXC43 TRCW43 AOVTI43 AOPKVL43

Calculated Variables

ECHO VARIABLES Variable Label	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
Aortic regurg category	AORCAT*						
Aortic regurgitation	AREGURG						
Aortic stenosis category	ASTEN†						
Early/late peak vel	DPVEA**						
LV systolic function	LVSF¶						
LV wall motion-semiquantitative	LVWMSQ2						
Mitral regurg category	MITCAT§						
Mitral regurgitation	MREGURG						
Mitral stenosis category	MSTEN†						

* AORCAT = 1 if CDJHLO43 LT 24

AORCAT = 2 if CDJHLO43 GE 24 AND CDJHLO43 LE 46

AORCAT = 3 if CDJHLO43 GT 46 AND CDJHLO43 LE 64

AORCAT = 4 if CDJHLO43 GT 64.

† ASTEN and MSTEN: 1 = mild; 2 = moderate; 3 = severe. Classification is based on reader's subjective judgment.

** DPVEA = DPMEP43/DPMAP43 (= 1/DPVAE43).

¶ LVSF = 0 if MMLVFS43 \$ 28; LVSF = 1 if MMLVFS43 < 28.

§ MITCAT = 1 if CDRJAL43 LT 20

MITCAT = 2 if CDRJAL43 GE 20 AND CDRJAL LE 40

MITCAT = 3 if CDRJAL43 GT 40.

Resting 12-Lead ECG Form
(Record 21)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
Date Selection Variable	DATE21	DATE21	DATE21	DATE21	DATE21	YEAR21	YEAR21
Chest Square Readings							
O-E measurement	OEMEAS21	OEMEAS21	OEMEAS21	OEMEAS21	OEMEAS21	OEMEAS21	OEMEAS21
O-V6 measurement	OV6MEA21	OV6MEA21	OV6MEA21	OV6MEA21	OV6MEA21	OV6MEA21	OV6MEA21
Heel-to-knee length	HKLEN21				HKLEN21		
Bioelectric impedance							
resistance	BIORES21				BIORES21		
reactance	BIOREA21				BIOREA21		
Results of ECG	COMPIN21	COMPIN21	COMPIN21	COMPIN21	COMPIN21	COMPIN21	COMPIN21
Reason ECG incomplete or not done	REASON21	REASON21	REASON21	REASON21	REASON21	REASON21	REASON21
Specify other	RSSPEC21	RSSPEC21	RSSPEC21	RSSPEC21	RSSPEC21	RSSPEC21	RSSPEC21
60 Second Heart rate	PULSE21	PULSE21	PULSE21	PULSE21	PULSE21	PULSE21	PULSE21
Were these alert conditions noted?							
atrial fibrillation	ATRFIB21	ATRFIB21	ATRFIB21	ATRFIB21	ATRFIB21	ATRFIB21	ATRFIB21
atrial flutter	ATFLUT21	ATFLUT21	ATFLUT21	ATFLUT21	ATFLUT21	ATFLUT21	ATFLUT21
Wolf-Parkinson White	WPW21	WPW21	WPW21	WPW21	WPW21	WPW21	WPW21
idioventricular rhythm	IVRHY21	IVRHY21	IVRHY21	IVRHY21	IVRHY21	IVRHY21	IVRHY21
ventricular tachycardia	VTACH21	VTACH21	VTACH21	VTACH21	VTACH21	VTACH21	VTACH21
complete heart block	COMPHB21	COMPHB21	COMPHB21	COMPHB21	COMPHB21	COMPHB21	COMPHB21
acute pericarditis	APERIC21	APERIC21	APERIC21	APERIC21	APERIC21	APERIC21	APERIC21
any ref to injury or ischemia	INJURY21	INJURY21	INJURY21	INJURY21	INJURY21	INJURY21	INJURY21
Test was done supine/semi-recumbant							TSTDON21

Able to do ...? remove shoes transfer off chair get onto table get off table put on shoes			RSHOES21 OFFCHR21 ONTABL21 OFFTBL21 SHOEON21	RSHOES21 OFFCHR21 ONTABL21 OFFTBL21 SHOEON21	RSHOES21 OFFCHR21 ONTABL21 OFFTBL21 SHOEON21	RSHOES21 OFFCHR21 ONTABL21 OFFTBL21 SHOEON21	RSHOES21 OFFCHR21 ONTABL21 OFFTBL21 SHOEON21
Technician identification number Date			TECHID21 DATE21	TECHID21 DATE21	TECHID21 DATE21	TECHID21 DATE21	TECHID21 DATE21

Resting 12-Lead ECG Form (cont.)

Question	Year 8	Year 9	Year 10	Year 11	Year 12
Date Selection Variable	YEAR21	YEAR21	YEAR21	YEAR21	
Chest Square Readings O-E measurement O-V6 measurement Heel-to-knee length Bioelectric impedance resistance reactance Results of ECG Reason ECG incomplete or not done Specify other 60 Second Heart rate Were these alert conditions noted? atrial fibrillation atrial flutter Wolf-Parkinson White idioventricular rhythm ventricular tachycardia complete heart block acute pericarditis any ref to injury or ischemia Test was done supine/semi- recumbant	OEMEAS21 OV6MEA21 COMPIN21 REASON21 RSSPEC21 PULSE21 ATRFIB21 ATFLUT21 WPW21 IVRHY21 VTACH21 COMPHB21 APERIC21 INJURY21 TSTDON21	OEMEAS21 OV6MEA21 COMPIN21 REASON21 RSSPEC21 PULSE21 ATRFIB21 ATFLUT21 WPW21 IVRHY21 VTACH21 COMPHB21 APERIC21 INJURY21 TSTDON21	OEMEAS21 OV6MEA21 COMPIN21 REASON21 RSSPEC21 PULSE21 ATRFIB21 ATFLUT21 WPW21 IVRHY21 VTACH21 COMPHB21 APERIC21 INJURY21 TSTDON21	OEMEAS21 OV6MEA21 COMPIN21 REASON21 RSSPEC21 PULSE21 ATRFIB21 ATFLUT21 WPW21 IVRHY21 VTACH21 COMPHB21 APERIC21 INJURY21 TSTDON21	

Able to do ...? remove shoes transfer off chair get onto table get off table put on shoes	RSHOES21 OFFCHR21 ONTABL21 OFFTBL21 SHOEON21	RSHOES21 OFFCHR21 ONTABL21 OFFTBL21 SHOEON21	RSHOES21 OFFCHR21 ONTABL21 OFFTBL21 SHOEON21	RSHOES21 OFFCHR21 ONTABL21 OFFTBL21 SHOEON21	
Technician identification number Date	TECHID21 DATE21	TECHID21 DATE21	TECHID21 DATE21	TECHID21 DATE21	

12-Lead ECG Data
(Record 42)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
Date Selection Variable	RDATE42	RDATE42	RDATE42	RDATE42	RDATE42	YEAR42	YEAR42
Record Time	RTIME42	RTIME42	RTIME42	RTIME42	RTIME42	RTIME42	RTIME42
Participant ID	IDNO	IDNO	IDNO	IDNO	IDNO	IDNO	IDNO
Participant Name	NAME42						
Location Code	LOC42	LOC42	LOC42	LOC42	LOC42	LOC42	LOC42
Cart Code	CART42	CART42	CART42	CART42	CART42	CART42	CART42
Quality Grade	QUAL42	QUAL42	QUAL42	QUAL42	QUAL42	QUAL42	QUAL42
Minnesota Code - L1	L142	L142	L142	L142	L142	L142	L142
Minnesota Code - F1	F142	F142	F142	F142	F142	F142	F142
Minnesota Code - V1	V142	V142	V142	V142	V142	V142	V142
Minnesota Code - L4	L442	L442	L442	L442	L442	L442	L442
Minnesota Code - F4	F442	F442	F442	F442	F442	F442	F442
Minnesota Code - V4	V442	V442	V442	V442	V442	V442	V442
Minnesota Code - L5	L542	L542	L542	L542	L542	L542	L542
Minnesota Code - F5	F542	F542	F542	F542	F542	F542	F542
Minnesota Code - V5	V542	V542	V542	V542	V542	V542	V542
Minnesota Code - L92	L9242	L9242	L9242	L9242	L9242	L9242	L9242
Minnesota Code - F92	F9242	F9242	F9242	F9242	F9242	F9242	F9242

12-Lead ECG Data (cont.)

Question	Year 8	Year 9	Year 10	Year 11	Year 12
Date Selection Variable	RDATE42	RDATE42	RDATE42	RDATE42	
Record Time	RTIME42	RTIME42	RTIME42	RTIME42	
Participant ID	IDNO	IDNO	IDNO	IDNO	
Participant Name					
Location Code	LOC42	LOC42	LOC42	LOC42	
Cart Code	CART42	CART42	CART42	CART42	
Quality Grade	QUAL42	QUAL42	QUAL42	QUAL42	
Minnesota Code - L1	L142	L142	L142	L142	
Minnesota Code - F1	F142	F142	F142	F142	
Minnesota Code - V1	V142	V142	V142	V142	
Minnesota Code - L4	L442	L442	L442	L442	
Minnesota Code - F4	F442	F442	F442	F442	
Minnesota Code - V4	V442	V442	V442	V442	
Minnesota Code - L5	L542	L542	L542	L542	
Minnesota Code - F5	F542	F542	F542	F542	
Minnesota Code - V5	V542	V542	V542	V542	
Minnesota Code - L92	L9242	L9242	L9242	L9242	
Minnesota Code - F92	F9242	F9242	F9242	F9242	

12-Lead ECG Data (cont.)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
Minnesota Code - V92	V9242	V9242	V9242	V9242	V9242	V9242	V9242
Minnesota Code - C2	C242	C242	C242	C242	C242	C242	C242
Minnesota Code - C3	C342	C342	C342	C342	C342	C342	C342
Minnesota Code - C6	C642	C642	C642	C642	C642	C642	C642
Minnesota Code - C7	C742	C742	C742	C742	C742	C742	C742
Minnesota Code - C91	C9142	C9142	C9142	C9142	C9142	C9142	C9142
Minnesota Code - C93	C9342	C9342	C9342	C9342	C9342	C9342	C9342
Minnesota Code - C94	C9442	C9442	C9442	C9442	C9442	C9442	C9442
Minnesota Code - C95	C9542	C9542	C9542	C9542	C9542	C9542	C9542
Minnesota Code - E7	E742	E742	E742	E742	E742	E742	E742
Minnesota 8 Code - 1	MINN8142	MINN8142	MINN8142	MINN8142	MINN8142	MINN8142	MINN8142
Minnesota 8 Code - 2	MINN8242	MINN8242	MINN8242	MINN8242	MINN8242	MINN8242	MINN8242
Minnesota 8 Code - 3	MINN8342	MINN8342	MINN8342	MINN8342	MINN8342	MINN8342	MINN8342
Minnesota 8 Code - 4	MINN8442	MINN8442	MINN8442	MINN8442	MINN8442	MINN8442	MINN8442
Minnesota 8 Code - 5	MINN8542	MINN8542	MINN8542	MINN8542	MINN8542	MINN8542	MINN8542
Minnesota 8 Code - 6	MINN8642	MINN8642	MINN8642	MINN8642	MINN8642	MINN8642	MINN8642
Minnesota 8 Code - 7	MINN8742	MINN8742	MINN8742	MINN8742	MINN8742	MINN8742	MINN8742
Minnesota 8 Code - 8	MINN8842	MINN8842	MINN8842	MINN8842	MINN8842	MINN8842	MINN8842

12-Lead ECG Data (cont.)

Question	Year 8	Year 9	Year 10	Year 11	Year 12
Minnesota Code - V92	V9242	V9242	V9242	V9242	
Minnesota Code - C2	C242	C242	C242	C242	
Minnesota Code - C3	C342	C342	C342	C342	
Minnesota Code - C6	C642	C642	C642	C642	
Minnesota Code - C7	C742	C742	C742	C742	
Minnesota Code - C91	C9142	C9142	C9142	C9142	
Minnesota Code - C93	C9342	C9342	C9342	C9342	
Minnesota Code - C94	C9442	C9442	C9442	C9442	
Minnesota Code - C95	C9542	C9542	C9542	C9542	
Minnesota Code - E7	E742	E742	E742	E742	
Minnesota 8 Code - 1	MINN8142	MINN8142	MINN8142	MINN8142	
Minnesota 8 Code - 2	MINN8242	MINN8242	MINN8242	MINN8242	
Minnesota 8 Code - 3	MINN8342	MINN8342	MINN8342	MINN8342	
Minnesota 8 Code - 4	MINN8442	MINN8442	MINN8442	MINN8442	
Minnesota 8 Code - 5	MINN8542	MINN8542	MINN8542	MINN8542	
Minnesota 8 Code - 6	MINN8642	MINN8642	MINN8642	MINN8642	
Minnesota 8 Code - 7	MINN8742	MINN8742	MINN8742	MINN8742	
Minnesota 8 Code - 8	MINN8842	MINN8842	MINN8842	MINN8842	

12-Lead ECG Data (cont.)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
Minnesota 8 Code - 9	MINN8942	MINN8942	MINN8942	MINN8942	MINN8942	MINN8942	MINN8942
Cardiac Injury Score	CIS42	CIS42	CIS42	CIS42	CIS42	CIS42	CIS42
Lead I Reject Flag	LDI42	LDI42	LDI42	LDI42	LDI42	LDI42	LDI42
Lead II Reject Flag	LDII42	LDII42	LDII42	LDII42	LDII42	LDII42	LDII42
Lead III Reject Flag	LDIII42	LDIII42	LDIII42	LDIII42	LDIII42	LDIII42	LDIII42
Lead AVR Reject Flag	LDAVR42	LDAVR42	LDAVR42	LDAVR42	LDAVR42	LDAVR42	LDAVR42
Lead AVL Reject Flag	LDAVL42	LDAVL42	LDAVL42	LDAVL42	LDAVL42	LDAVL42	LDAVL42
Lead AVF Reject Flag	LDAVF42	LDAVF42	LDAVF42	LDAVF42	LDAVF42	LDAVF42	LDAVF42
Lead V1 Reject Flag	LDV142	LDV142	LDV142	LDV142	LDV142	LDV142	LDV142
Lead V2 Reject Flag	LDV242	LDV242	LDV242	LDV242	LDV242	LDV242	LDV242
Lead V3 Reject Flag	LDV342	LDV342	LDV342	LDV342	LDV342	LDV342	LDV342
Lead V4 Reject Flag	LDV442	LDV442	LDV442	LDV442	LDV442	LDV442	LDV442
Lead V5 Reject Flag	LDV542	LDV542	LDV542	LDV542	LDV542	LDV542	LDV542
Lead V6 Reject Flag	LDV642	LDV642	LDV642	LDV642	LDV642	LDV642	LDV642
Heart Rate	HRATE42	HRATE42	HRATE42	HRATE42	HRATE42	HRATE42	HRATE42
P Axis	PAXIS42	PAXIS42	PAXIS42	PAXIS42	PAXIS42	PAXIS42	PAXIS42
QRS Axis	QRSAXI42	QRSAXI42	QRSAXI42	QRSAXI42	QRSAXI42	QRSAXI42	QRSAXI42
T Axis	TAXIS42	TAXIS42	TAXIS42	TAXIS42	TAXIS42	TAXIS42	TAXIS42

12-Lead ECG Data (cont.)

Question	Year 8	Year 9	Year 10	Year 11	Year 12
Minnesota 8 Code - 9	MINN8942	MINN8942	MINN8942	MINN8942	
Cardiac Injury Score	CIS42	CIS42	CIS42	CIS42	
Lead I Reject Flag	LDI42	LDI42	LDI42	LDI42	
Lead II Reject Flag	LDII42	LDII42	LDII42	LDII42	
Lead III Reject Flag	LDIII42	LDIII42	LDIII42	LDIII42	
Lead AVR Reject Flag	LDAVR42	LDAVR42	LDAVR42	LDAVR42	
Lead AVL Reject Flag	LDAVL42	LDAVL42	LDAVL42	LDAVL42	
Lead AVF Reject Flag	LDAVF42	LDAVF42	LDAVF42	LDAVF42	
Lead V1 Reject Flag	LDV142	LDV142	LDV142	LDV142	
Lead V2 Reject Flag	LDV242	LDV242	LDV242	LDV242	
Lead V3 Reject Flag	LDV342	LDV342	LDV342	LDV342	
Lead V4 Reject Flag	LDV442	LDV442	LDV442	LDV442	
Lead V5 Reject Flag	LDV542	LDV542	LDV542	LDV542	
Lead V6 Reject Flag	LDV642	LDV642	LDV642	LDV642	
Heart Rate	HRATE42	HRATE42	HRATE42	HRATE42	
P Axis	PAXIS42	PAXIS42	PAXIS42	PAXIS42	
QRS Axis	QRSAXI42	QRSAXI42	QRSAXI42	QRSAXI42	
T Axis	TAXIS42	TAXIS42	TAXIS42	TAXIS42	

12-Lead ECG Data (cont.)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
P-R Interval (msec)	PR42	PR42	PR42	PR42	PR42	PR42	PR42
Q-T Interval (msec)	QT42	QT42	QT42	QT42	QT42	QT42	QT42
J-T Interval (msec)	JT42	JT42	JT42	JT42	JT42	JT42	JT42
QRS Interval (msec)	QRSINT42	QRSINT42	QRSINT42	QRSINT42	QRSINT42	QRSINT42	QRSINT42
Global U Wave Duration (msec)	UWAVE42	UWAVE42	UWAVE42	UWAVE42	UWAVE42	UWAVE42	UWAVE42
Dalhousie ID Number	DALID42	DALID42	DALID42	DALID42	DALID42	DALID42	DALID42
ECG Abnormality*	ABNORM42	ABNORM42	ABNORM42	ABNORM42	ABNORM42	ABNORM42	ABNORM42
Left Ventricular Mass	LVM42	LVM42	LVM42	LVM42	LVM42	LVM42	
Silent MI Novacode	NOVA42	NOVA42	NOVA42	NOVA42	NOVA42	NOVA42	NOVA42
Valid Change for New MI	NEWMI42	NEWMI42	NEWMI42	NEWMI42	NEWMI42	NEWMI42	NEWMI42

*This variable comes from the Reading Center, and its definition is unknown. A recommendation is to use the major and minor abnormality variables defined on the following pages.

12-Lead ECG Data (cont.)

Question	Year 8	Year 9	Year 10	Year 11	Year 12
P-R Interval (msec)	PR42	PR42	PR42	PR42	
Q-T Interval (msec)	QT42	QT42	QT42	QT42	
J-T Interval (msec)	JT42	JT42	JT42	JT42	
QRS Interval (msec)	QRSINT42	QRSINT42	QRSINT42	QRSINT42	
Global U Wave Duration (msec)	UWAVE42	UWAVE42	UWAVE42	UWAVE42	
Dalhousie ID Number	DALID42	DALID42	DALID42	DALID42	
ECG Abnormality*	ABNORM42	ABNORM42	ABNORM42	ABNORM42	
Left Ventricular Mass		LVM42	LVM42	LVM42	
Silent MI Novacode	NOVA42	NOVA42	NOVA42	NOVA42	
Valid Change for New MI	NEWMI42	NEWMI42	NEWMI42	NEWMI42	

*This variable comes from the Reading Center, and its definition is unknown. A recommendation is to use the major and minor abnormality variables defined on the following pages.

Calculated Variables

ECG VARIABLES Variable Label	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
First Degree Atrio-Ventricular Block: AVB=1 if Minnesota Code=6-3	AVB	AVB	AVB	AVB	AVB	AVB	AVB
Atrial Fibrillation by ECG: ECGAFIB=1 if Minnesota Code=8-3	ECGAFIB	ECGAFIB	ECGAFIB	ECGAFIB	ECGAFIB	ECGAFIB	ECGAFIB
LV Hypertrophy by ECG: ECGLVH=1 if Minnesota Code= (3-1, 3-3) and (4-1 to 4-3 or 5-1 to 5-3)	ECGLVH	ECGLVH	ECGLVH	ECGLVH	ECGLVH	ECGLVH	ECGLVH
High R waves	HIR	HIR	HIR	HIR	HIR	HIR	HIR
Incomplete RBBB	IRBBB	IRBBB	IRBBB	IRBBB	IRBBB	IRBBB	IRBBB
Left Axis Deviation	LAXD	LAXD	LAXD	LAXD	LAXD	LAXD	LAXD
Long QT interval	LQT	LQT	LQT	LQT	LQT	LQT	LQT
Any major ECG abnormalities	MAJABN*	MAJABN*	MAJABN*	MAJABN*	MAJABN*	MAJABN*	MAJABN*
Any ECG abnorm -- major or minor	MAJMIN	MAJMIN	MAJMIN	MAJMIN	MAJMIN	MAJMIN	MAJMIN
Any minor ECG abnormality	MINABN†	MINABN†	MINABN†	MINABN†	MINABN†	MINABN†	MINABN†
Minor Q, QS without ST-T abnormalities	MIQS	MIQS	MIQS	MIQS	MIQS	MIQS	MIQS
Minor isolated ST-T abnormalities	MIST	MIST	MIST	MIST	MIST	MIST	MIST
Major Q-Wave abnormalities: QQS=1 if Minnesota Code=1-1 thru 1-2 (except 1-2-8)	QQS	QQS	QQS	QQS	QQS	QQS	QQS
Minor Q, QS with ST-T abnormalities: QST=1 if Minnesota Code=(1-3 or 1-2-8) and (4-1 to 4-3 or 5-1 to 5-3)	QST	QST	QST	QST	QST	QST	QST

ECG VARIABLES Variable Label	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
Right Axis Deviation	RAXD	RAXD	RAXD	RAXD	RAXD	RAXD	RAXD
Short PR	SPR	SPR	SPR	SPR	SPR	SPR	SPR
ST elevation	STE	STE	STE	STE	STE	STE	STE
Isolated major ST-T abnormalities: STT=1 if Minnesota Code=4-1, 4-2, 5-1, 5-2 without LVH or QQS	STT	STT	STT	STT	STT	STT	STT
Ventricular Conduction Defect: VCD=1 if Minnesota Code=7-1, 7-2, or 7-4	VCD	VCD	VCD	VCD	VCD	VCD	VCD

*MAJABN=1 if any of the following abnormalities are present: VCD, QQS, ECGLVH, STT, ECGAFIB, AVB, QST

†MINABN=1 if any of the following abnormalities are present: MIQS, HIR, MIST, STE, IRBBB, LQT, SPR, LAXD, RAXD

Calculated Variables (cont.)

ECG VARIABLES Variable Label	Year 8	Year 9	Year 10	Year 11	Year 12
First Degree Atrio-Ventricular Block: AVB=1 if Minnesota Code=6-3	AVB				
Atrial Fibrillation by ECG: ECGAFIB=1 if Minnesota Code=8-3	ECGAFIB				
LV Hypertrophy by ECG: ECGLVH=1 if Minnesota Code= (3-1, 3-3) and (4-1 to 4-3 or 5-1 to 5-3)	ECGLVH				
High R waves	HIR				
Incomplete RBBB	IRBBB				

ECG VARIABLES Variable Label	Year 8	Year 9	Year 10	Year 11	Year 12
Left Axis Deviation	LAXD				
Long QT interval	LQT				
Any major ECG abnormalities	MAJABN*				
Any ECG abnorm -- major or minor	MAJMIN				
Any minor ECG abnormality	MINABN†				
Minor Q, QS without ST-T abnormalities	MIQS				
Minor isolated ST-T abnormalities	MIST				
Major Q-Wave abnormalities: QQS=1 if Minnesota Code=1-1 thru 1-2 (except 1-2-8)	QQS				
Minor Q, QS with ST-T abnormalities: QST=1 if Minnesota Code=(1-3 or 1-2-8) and (4-1 to 4-3 or 5-1 to 5-3)	QST				
Right Axis Deviation	RAXD				
Short PR	SPR				
ST elevation	STE				
Isolated major ST-T abnormalities: STT=1 if Minnesota Code=4-1, 4-2, 5-1, 5-2 without LVH or QQS	STT				
Ventricular Conduction Defect: VCD=1 if Minnesota Code=7-1, 7-2, or 7-4	VCD				

Holter Ischemia Data*
(Record 45)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
Date selection variable	none - BL only						
Participant ID number	IDNO						
Dalhousie ID number	DALHID45						
Verified	VERIFY45						
ST - rejected	REJECT45						
Date Day Month Year	DAY45 MONTH45 YEAR45						
Computed Julian recording start date	STRTDT45						
Recording start time (HHMM) end time (HHMM)	STRTTM45 TOTLTM45						
Amount of usable data Channel 1 Channel 2	USE145 USE245						
Amount of missing data Channel 1 Channel 2	MISS145 MISS245						

*Data available on approximately 1400 participants from Baseline and 1200 from Year 7. The Baseline Holters were completed halfway through Year 3, and the Year 7 Holters were completed at the end of Year 8. For Year 7, ischemia summary variables are in Rec 46 along with rhythm data.

Holter Ischemia Data (cont.)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
Median ST (microvolts) Channel 1 Channel 2	MED145 MED245						
ST depression >= 100 from the median Channel 1 - Total duration Channel 1 - Total number of episodes Channel 2 - Total duration Channel 2 - Total number of episodes	DD1145 ND1145 DD1245 ND1245						
ST depression >= 100 from the median and below the PR baseline Channel 1 - Total duration Channel 1 - Total number of episodes Channel 2 - Total duration Channel 2 - Total number of episodes	DD1P145 ND1P145 DD1P245 ND1P245						
ST depression >= 200 from the median Channel 1 - Total duration Channel 1 - Total number of episodes Channel 2 - Total duration Channel 2 - Total number of episodes	DD2145 ND2145 DD2245 ND2245						

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
ST depression ≥ 200 from the median and below the PR baseline							
Channel 1 - Total duration	DD2P145						
Channel 1 - Total number of episodes	ND2P145						
Channel 2 - Total duration	DD2P245						
Channel 2 - Total number of episodes	ND2P245						

Holter Ischemia Data (cont.)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
ST elevation ≥ 100 from the median Channel 1 - Total duration Channel 1 - Total number of episodes Channel 2 - Total duration Channel 2 - Total number of episodes	DE1145 NE1145 DE1245 NE1245						
ST elevation ≥ 100 from the median and above the PR baseline Channel 1 - Total duration Channel 1 - Total number of episodes Channel 2 - Total duration Channel 2 - Total number of episodes	DE1P145 NE1P145 DE1P245 NE1P245						
ST elevation ≥ 200 from the median Channel 1 - Total duration Channel 1 - Total number of episodes Channel 2 - Total duration Channel 2 - Total number of episodes	DE2145 NE2145 DE2245 NE2245						

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
ST elevation ≥ 200 from the median and above the PR baseline							
Channel 1 - Total duration	DE2P145						
Channel 1 - Total number of episodes	NE2P145						
Channel 2 - Total duration	DE2P245						
Channel 2 - Total number of episodes	NE2P245						

Holter Ischemia Data (cont.)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
ST depression ≥ 100 from the median with a horizontal or downward slope Channel 1 - Total duration Channel 1 - Total number of episodes Channel 2 - Total duration Channel 2 - Total number of episodes	DDH145 NDH145 DDH245 NDH245						
ST depression ≥ 100 from the median and below the PR baseline with a horizontal or downward slope Channel 1 - Total duration Channel 1 - Total number of episodes Channel 2 - Total duration Channel 2 - Total number of episodes	DDPH145 NDPH145 DDPH245 NDPH245						

Holter Rhythm Form
(Record 46*)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
Date Selection Variable	HOLTDT46						HOLTDT46
Participant ID Number	IDNO						IDNO
Technician ID Number	TECH46						TECH46
Gender	GEND46						GEND46
Process Date	READDT46						READDT46
Tape Quality	QUAL46						QUAL46
Recorder Number	RECRDR46						RECRDR46
Recording Start Time (Hours)							RECHR46
Recording Start Time (Minutes)							RECMIN46
Length of Tape (Hours)	LNGTHH46						LNGTHH46
Length of Tape (Minutes)	LNGTHM46						LNGTHM46
Minimum Heart Rate	MINHR46						MINHR46
Maximum Heart Rate	MAXHR46						MAXHR46
Total # Heart Beats	TOTBT46						TOTBT46
Average Heart Beat							AVGHR46
Total # Ventricular Ectopic Beats	TOTVEB46						TOTVEB46

* Data available on approximately 1400 participants from Baseline and 1250 participants from Year 7. The Baseline Holters were completed halfway through Year 3, and the Year 7 Holters were completed at the end of Year 8. For Year 7, ischemia summary variables and rhythm data are in this record.

Holter Rhythm Form (cont.)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
# Ventricular Ectopic Beats/Hour	VEBRAT46						VEBRAT46
# Single Ventricular Ectopic Beats	NSGVEB46						NSGVEB46
# Bigeminal Ventricular Ectopic Beats	NBGVEB46						NBGVEB46
# Paired Ventricular Ectopic Beats	NPRVEB46						NPRVEB46
Total # Ventricular Tachycardia Runs	NVTRUN46						NVTRUN46
# Beats of Longest Ventricular Tachycardia Run	BTLGVT46						BTLGVT46
Total # of Ventricular Tachycardia Beats							BTTOVT46
Heart Rate of Longest Ventricular Tachycardia Run	HRLGVT46						HRLGVT46
Time of Longest Ventricular Tachycardia Run (Hours)	TMLVTH46						TMLVTH46
Time of Longest Ventricular Tachycardia Run (Minutes)	TMLVTM46						TMLVTM46
Time of Longest Ventricular Tachycardia Run (AM-PM)							TMLVTA46
Time of Longest Ventricular Tachycardia Run (Which Day)							TMLVTD46
# Ventricular Ectopic Beats/Hour							VEBRAT46
Total # Supraventricular Ectopic Beats	TOSVEB46						TOSVEB46
# Supraventricular Ectopic Beats/Hour	SVEBRT46						SVEBRT46

# Single Supraventricular Ectopic Beats	SSVEB46						SSVEB46
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Holter Rhythm Form (cont.)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
# Paired Supraventricular Ectopic Beats	PRSVEB46						PRSVEB46
Total # Supraventricular Tachycardia Runs	SVTRUN46						SVTRUN46
# Beats of Longest Ventricular Tachycardia Run	BTLSVT46						BTLSVT46
Total # Supraventricular Tachycardia Beats							BTTSVT46
Heart Rate of Longest Supraventricular Tachycardia Run	HRLSVT46						HRLSVT46
Time of Longest Supraventricular Tachycardia Run (Hours)	TLSVTH46						TLSVTH46
Time of Longest Supraventricular Tachycardia Run (Minutes)	TLSVTM46						TLSVTM46
Time of Longest Supraventricular Tachycardia Run (AM-PM)							TLSVTA46
Time of Longest Supraventricular Tachycardia Run (Which Day)							TLSVTD46
Torsades Des Pointes	TORSAD46						TORSAD46
2nd Degree AV Block	SECAVB46						SECAVB46
Complete AV Block	CMPAVB46						CMPAVB46
Pause > 3 Seconds	PAUSE46						PAUSE46

Mobitz I							MBTZI46
Number of Occurrences of Mobitz II							MBTZII46

Holter Rhythm Form (cont.)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
2:1 AV Block							AVBL1246
3:1 AV Block							AVBLA346
Atrial Fibrillation	ATFIB46						ATFIB46
Persistent Bradycardia < 40 Beats/Min	BRADY46						BRADY46
Ventricular Tachydardia > 15 Complexes	VTALT46						VTALT46
Supraventricular Tachycardia > 130 Beats/Min	SVTALT46						SVTALT46
Bradycardia & Tachycardia Alert (Heart Rate < 40 or > 130 Beats/Min)	BRDTAC46						BRDTAC46
Longest Period with Persistent Bradychardia	DURPB46						DURPB46
Calibration Pulse Present							CALIBR46
Number of Ischemic Events							NISCEV46
Duration 1st (Longest) Ischemic Event							IEDUR146
Start Time of 1st Ischemic Event							IEST146
End Time of 1st Ischemic Event							IEEND146
Duration 2nd Ischemic Event							IEDUR246
Start Time of 2nd Ischemic Event							IEST246

End Time of 2nd Ischemic Event							IEEND246
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Holter Rhythm Form (cont.)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
Duration 3rd Ischemic Event							IEDUR346
Start Time of 3rd Ischemic Event							IEST346
End Time of 3rd Ischemic Event							IEEND346
Duration 4th Ischemic Event							IEDUR446
Start Time of 4th Ischemic Event							IEST446
End Time of 4th Ischemic Event							IEEND446
Duration 5th Ischemic Event							IEDUR546
Start Time of 5th Ischemic Event							IEST546
End Time of 5th Ischemic Event							IEEND546
Ischemic Event > 200uV							IE20046
Alert Level							ALERT46
Report Produced	REPORT46						REPORT46

MRI "Gold Standard" Form*
(Record 54)

Question	Years 4-6	Years 10-11
Date Selection Variable (Scan Date)	MRIDT54	MRIDT54
Date Of Interpretation	INTDAT54	INTDAT54
Participant ID	IDNO	IDNO
<u>Graded Variables</u>		
Global Brain Atrophy - Ventricles	VENT54	VENT54
Global Brain Atrophy - Sulci	SULCI54	SULCI54
White Matter, Grade	WHGRD54	WHGRD54
<u>Measured Variables</u>		
Global Atrophy - Bifrontal Distance	BIDIST54	BIDIST54
Global Atrophy - Inner Table Distance	ITDIST54	ITDIST54
Global Atrophy - Central Sulcus Width	CNTSUL54	CNTSUL54
<u>White Matter Variables</u>		
Predominant Location	WHPLOC54	WHPLOC54
Symmetry	WHSYM54	WHSYM54

Brain Stem Lesions	WHBRST54	WHBRST54
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Question	Years 4-6	Years 10-11
<u>INFARCTS</u>		
Large Infarcts	INFARC54	INFARC54
<u>SMALL INFARCTS</u>		
Small Infarct	SMLINF54	SMLINF54
<u>Small Basal Ganglia Infarcts</u>		
Number	BGNUM54	BGNUM54
Side	BGSIDE54	BGSIDE54
T1	BGT154	BGT154
<u>Small White Matter Infarcts</u>		

MRI “Gold Standard”

Number	WMNUM54	WMNUM54
Side	WMSIDE54	WMSIDE54
<u>Small Brain Stem Infarcts</u>		
Number	BSNUM54	BSNUM54
Side	BSSIDE54	BSSIDE54
<u>Large Infarcts</u>		
<u>Large Infarct #1</u>		
Large Infarct #1 Present	LINF154	LINF154
Side	ISIDE154	ISIDE154
Question	Years 4-6	Years 10-11
Size - Right/Left	ISZRL154	ISZRL154
Size - Anterior/Posterior	ISZAP154	ISZAP154
Number of Slices	IZ154	IZ154
Predominant MR Signal - T1	IMRT1154	IMRT1154
Predominant MR Signal - PD	IMRPD154	IMRPD154
Predominant MR Signal - T2	IMRT2154	IMRT2154
Hemorrhagic	IHEM154	IHEM154
First Location	ILOC1154	ILOC1154
Second Location	ILOC2154	ILOC2154
Third Location	ILOC3154	ILOC3154
Fourth Location	ILOC4154	ILOC4154

Form (cont.) Question	Years 4-6	Years 10-11
<u>Large Infarct #2</u>		
Large Infarct #2 Present	LINF254	LINF254
Side	ISIDE254	ISIDE254
Size - Right/Left	ISZRL254	ISZRL254
Size - Anterior/Posterior	ISZAP254	ISZAP254
Number of Slices	IZ254	IZ254
Predominant MR Signal - T1	IMRT1254	IMRT1254

Question	Years 4-6	Years 10-11
Predominant MR Signal - PD	IMRPD254	IMRPD254
Predominant MR Signal - T2	IMRT2254	IMRT2254
Hemorrhagic	IHEM254	IHEM254
First Location	ILOC1254	ILOC1254
Second Location	ILOC2254	ILOC2254
Third Location	ILOC3254	ILOC3254
Fourth Location	ILOC4254	ILOC4254
<u>Large Infarct #3</u>		
Large Infarct #3 Present	LINF354	LINF354
Side	ISIDE354	ISIDE354

MRI “Gold Standard” Form (cont.)

Size - Right/Left	ISZRL354	ISZRL354
Size - Anterior/Posterior	ISZAP354	ISZAP354
Number of Slices	IZ354	IZ354
Predominant MR Signal - T1	IMRT1354	IMRT1354
Predominant MR Signal - PD	IMRPD354	IMRPD354
Predominant MR Signal - T2	IMRT2354	IMRT2354
Hemorrhagic	IHEM354	IHEM354
First Location	ILOC1354	ILOC1354

Question	Years 4-6	Years 10-11
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MRI “Gold Standard” Form (cont.)

Question	Years 4-6	Years 10-11
Second Location	ILOC2354	ILOC2354
Third Location	ILOC3354	ILOC3354
Fourth Location	ILOC4354	ILOC4354
<u>Large Infarct #4</u>		
Large Infarct #4 Present	LINF454	LINF454
Side	ISIDE454	ISIDE454
Size - Right/Left	ISZRL454	ISZRL454
Size - Anterior/Posterior	ISZAP454	ISZAP454
Number of Slices	IZ454	IZ454
Predominant MR Signal - T1	IMRT1454	IMRT1454
Predominant MR Signal - PD	IMRPD454	IMRPD454
Predominant MR Signal - T2	IMRT2454	IMRT2454
Hemorrhagic	IHEM454	IHEM454
First Location	ILOC1454	ILOC1454
Second Location	ILOC2454	ILOC2454
Third Location	ILOC3454	ILOC3454
Fourth Location	ILOC4454	ILOC4454

Question	Years 4-6	Years 10-11
<u>Large Infarct #5</u>		
Large Infarct #5 Present	LINF554	LINF554
Side	ISIDE554	ISIDE554
Size - Right/Left	ISZRL554	ISZRL554
Size - Anterior/Posterior	ISZAP554	ISZAP554
Number of Slices	IZ554	IZ554
Predominant MR Signal - T1	IMRT1554	IMRT1554
Predominant MR Signal - PD	IMRPD554	IMRPD554
Predominant MR Signal - T2	IMRT2554	IMRT2554
Hemorrhagic	IHEM554	IHEM554
First Location	ILOC1554	ILOC1554
Second Location	ILOC2554	ILOC2554
Third Location	ILOC3554	ILOC3554
Fourth Location	ILOC4554	ILOC4554
<u>Hematomas</u>		
<u>Hematoma #1</u>		
Hematoma #1 Present	HEM154	HEM154

MRI “Gold Standard” Form (cont.)

Question	Years 4-6	Years 10-11
Side	HSIDE154	HSIDE154
Size - Right/Left	HSZRL154	HSZRL154
Size - Anterior/Posterior	HSZAP154	HSZAP154
Number of Slices	HZ154	HZ154
Predominant MR Signal - T1	HMRT1154	HMRT1154
Predominant MR Signal - PD	HMRPD154	HMRPD154
Predominant MR Signal - T2	HMRT2154	HMRT2154
Age	HAGE154	HAGE154
First Location	HLOC1154	HLOC1154
Second Location	HLOC2154	HLOC2154
Third Location	HLOC3154	HLOC3154
Fourth Location	HLOC4154	HLOC4154
<u>Hematoma #2</u>		
Hematoma #2 Present	HEM254	HEM254
Side	HSIDE254	HSIDE254
Size - Right/Left	HSZRL254	HSZRL254
Size - Anterior/Posterior	HSZAP254	HSZAP254
Number of Slices	HZ254	HZ254

Question	Years 4-6	Years 10-11
Predominant MR Signal - T1	HMRT1254	HMRT1254
Predominant MR Signal - PD	HMRPD254	HMRPD254
Predominant MR Signal - T2	HMRT2254	HMRT2254
Age	HAGE254	HAGE254
First Location	HLOC1254	HLOC1254
Second Location	HLOC2254	HLOC2254
Third Location	HLOC3254	HLOC3254
Fourth Location	HLOC4254	HLOC4254
<u>Hematoma #3</u>		
Hematoma #3 Present	HEM354	HEM354
Side	HSIDE354	HSIDE354
Size - Right/Left	HSZRL354	HSZRL354
Size - Anterior/Posterior	HSZAP354	HSZAP354
Number of Slices	HZ354	HZ354
Predominant MR Signal - T1	HMRT1354	HMRT1354
Predominant MR Signal - PD	HMRPD354	HMRPD354
Predominant MR Signal - T2	HMRT2354	HMRT2354
Age	HAGE354	HAGE354

MRI “Gold Standard” Form (cont.)

Question	Years 4-6	Years 10-11
First Location	HLOC1354	HLOC1354
Second Location	HLOC2354	HLOC2354
Third Location	HLOC3354	HLOC3354
Fourth Location	HLOC4354	HLOC4354
<u>Focal Brain Atrophy</u>		
Focal Brain Atrophy	FOCAL54	FOCAL54
<u>Atrophy: Cerebrum</u>		
ACA Frontal	ACAF54	ACAF54
ACA Parietal	ACAP54	ACAP54
MCA Frontal	MCAF54	MCAF54
MCA Parietal	MCAP54	MCAP54
MCA Temporal	MCAT54	MCAT54
PCA Parietal	PCAP54	PCAP54
PCA Temporal	PCAT54	PCAT54
PCA Occipital	PCAO54	PCAO54

Question	Years 4-6	Years 10-11
<u>Atrophy: Cerebellum</u>		
SCA	SCA54	
AICA	AICA54	
PICA	PICA54	
<u>Atrophy: Deep Matter</u>		
Deep Cerebellar White Matter	CBLWM54	
Caudate	CAUD54	CAUD54
Lentiform Nuclei	LNTFRM54	LNTFRM54
Interior Capsule - Anterior limb	INTCPA54	INTCPA54
Interior Capsule - Posterior limb	INTCPP54	INTCPP54
Thalamus	THAL54	THAL54
Midbrain	MIDBRN54	MIDBRN54
Pons	PONS54	PONS54
Medulla	MEDUL54	MEDUL54
Deep Cerebral White Matter	CBRWM54	CBRWM54
<u>Atrophy: Watershed</u>		
ACA:MCA	ACAMCA54	ACAMCA54
MCA:PCA	MCAPCA54	MCAPCA54

MRI “Gold Standard” Form (cont.)

Question	Years 4-6	Years 10-11
<u>Other Variables</u>		
Perivascular Spaces	PERISP54	PERISP54
Other Diagnoses	OTHDIA54	OTHDIA54
Alert Status	ALERT54	ALERT54
Parenchymal Hematoma	PARHEM54	PARHEM54
<u>Administrative Information</u>		
Date received from Field Center	RCVDT54	RCVDT54
Full Dataset received	FULSET54	FULSET54
Scan Protocol correct	PRCORR54	PRCORR54
Reader ID	READID	READID
Technical Adequacy	TECHAD54	TECHAD54
Type of Reading	RDTYPE54	RDTYPE54
Type of Study	STUDY54	STUDY54
Acrostic	NAME54	NAME54
Text	TEXT54	TEXT54
MRI Repeat	MRIRPT54	MRIRPT54
Reason for Adjudication Reading		ADJRSN54
Case Status	CASEST54	CASEST54
Set Number	SETNO54	SETNO54

Examination performed once in years 4, 5 or 6; and again in years 10 or 11.

Retinal Exam
(Record 74)*

Question	Year 8	Year 9	Year 10	Year 11	Year 12
Date Selection Variable			DATE74		
Year in Study			YEAR74		
<u>INTERVIEW</u> Last time optometrist seen?			OPTOM74		
Doctor ever said you had diabetes?			DIAB74		
Number of years had diabetes?			DIAB74		
Doctor ever said you have eye problems from diabetes?			DBPROB74		
Which eye affected by diabetes?			WHPROB74		
Ever have laser treatments on eyes for diabetes?			DBLAS74		
Which eye laser treated for diabetes?			WHDLAS74		
Doctor ever said you have glaucoma?			GLAUC74		
Which eye affected by glaucoma?			WHGLAU74		
Doctor ever said you have eye problems from macular degeneration?			MACDEG74		
Which eye affected by macular degeneration?			WHMAC74		

* First administered in Year 10

Retinal Exam (cont.)

Question	Year 8	Year 9	Year 10	Year 11	Year 12
Ever have laser treatment for macular degeneration?			MACLAS74		
Which eye laser treated for macular degeneration?			WHMLAS74		
Doctor ever said you have cataracts?			CATAR74		
Which eye affected by cataracts?			WHCAT74		
Ever had surgery for cataracts?			SURCAT74		
Surgery for cataracts on which eye?			WHSURG74		
Doctor ever said you have artery blockage in eye?			BLOCK74		
Which eye affected by blockage?			WHBLOC74		
Ever have laser treatment for blockage			BLKLAS74		
Which eye laser treated for blockage?			WHBLAS74		
Any difficulty with small print?			DSMALL74		
How much difficulty with small print?			HDSMAL74		
Any difficulty with newspapers?			DNEWS74		
How much difficulty with newspapers?			HDNEWS74		
Any difficulty with large print?			DLARGE74		

Retinal Exam (cont.)

How much difficulty with large print?			HDLARG74		
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Retinal Exam (cont.)

Question	Year 8	Year 9	Year 10	Year 11	Year 12
Any difficulty recognizing people?			DPEOP74		
How much difficulty recognizing people?			HDPEOP74		
And difficulty with seeing steps or curbs?			DSTEPS74		
How much difficulty seeing steps or curbs?			HDSTEP74		
And difficulty reading street signs?			DSIGNS74		
How much difficulty reading street signs?			HDSIGN74		
Any difficulty with fine hand work?			DHANDW74		
How much difficulty with fine hand work?			HDHAND74		
And difficulty filling out checks/forms?			DFORMS74		
How much difficulty filling out checks or forms?			HDFORM74		
Any difficulty playing games?			DGAMES74		
How much difficulty playing games?			HDGAME74		
Any difficulty playing sports?			DSPORT74		
How much difficulty playing sports?			HDSPOR74		
Any difficulty cooking?			DCOOK74		
How much difficulty cooking?			HDCOOK74		

Retinal Exam (cont.)

Retinal Exam (cont.)

Question	Year 8	Year 9	Year 10	Year 11	Year 12
And difficulty watching TV?			DTELEV74		
How much difficulty watching TV?			HDTVIS74		
Do you currently drive a car?			CURDRV74		
How much difficulty driving during day because of vision?			DIFDAY74		
How much difficulty driving at night because of vision?			DIFNIT74		
Have you ever driven a car?			EVERDR74		
When did you stop driving?			WHENST74		
Why did you stop driving?			WHYSTP74		
Completely blind in one or both eyes?			BLIND74		
In which eye are you blind?			WHBLIN74		
Ever had an eye removed?			REMOVE74		
Which eye removed?			WHREMV74		
<u>RETINAL EXAM</u> Type of eye selection			SELECT74		
Which eye photographed?			WHPHOT74		
Reason for not photographing?			NOPHOT74		
Technician ID			TECHID74		
Date of Procedure			PRODAT74		

Retinal Exam (cont.)

Retinal Data
(Record 77)

Question	Year 8	Year 9	Year 10	Year 11	Year 12
Data Selection Variable			PHDATE77		
Eye			EYE77		
Ship Number			SHIP77		
Photo Date			PHDATE77		
Name Code			NAMCD77		
Photograph			PHOTOG77		
Pupil			PUPIL77		
Grade Date			GRDDT77		
Grader			GRDR77		
Export Code			EXPCD77		
Export Date			EXPDT77		
Focus			FOCUS77		
Field Definition			FLDDEF77		
Artifacts			ART77		
Haze			HAZE77		
Dust			DUST77		
Lashes			LASHES77		
Arc			ARC77		

Retinal Data (cont.)

Uneven Illum Macula			ILMAC77		
Question	Year 8	Year 9	Year 10	Year 11	Year 12
Uneven Illum Edge			ILEDGE77		
Uneven Illum Disc Zone			ILDISC77		
Total Blink			TBLINK77		
Art - Other			ARTOTH77		
Disc Obscured or Missing			DISCOB77		
Macula Obscured or Missing			MACOB77		
Gradability			GRADAB77		
FN Disc Arterial Abnormalities			FNDISC77		
FN Zone A Arterial Abnormalities			FNZONE77		
General Narrowing			GN77		
Focal Narrowing ST			FNST77		
Focal Narrowing SN			FNSN77		
Focal Narrowing IN			FNIN77		
Focal Narrowing IT			FNIT77		
Sheathing ST			SHTHST77		
Sheathing SN			SHTHSN77		
Sheathing IN			SHTHIN77		

Retinal Data (cont.)

Sheathing IT			SHTHIT77		
Changes in A/V Crossings ST			CHAVST77		
Changes in A/V Crossing SN			CHAVSN77		
Question	Year 8	Year 9	Year 10	Year 11	Year 12
Changes in A/V Crossings IN			CHAVIN77		
Changes in A/V Crossing IT			CHAVIT77		
Lesions DR GK			LEDRGK77		
Hemorrhages/Microaneurysms			HEMMA77		
Number of Microaneurysms			NUMMA77		
Number of Retinal Hemorrhages			NUNRET77		
Type of Retinal Hemorrhage			TYPRET77		
Hard Exudate			HRDEXU77		
Soft Exudate			SFTEXU77		
Macular Edema			MACED77		
Laser Photocoagulation			LASRPC77		
IRMA			IRMA77		
Venous Beading			VENOUS77		
NVD			NVD77		
NVE			NVE77		
VH/PRH			VHPRH77		

Retinal Data (cont.)

FP			FP77		
Diabetic Retinal Level			DRLVL77		
Diabetic Retinal Level SE2			DRLSE277		
Diabetic Retinal Level SE3			DRLSE377		
Question	Year 8	Year 9	Year 10	Year 11	Year 12
Diabetic Retinal Level SE4			DRLSE477		
Diabetic Retinal Level SE5			DRLSE577		
Central Artery Occlusion			CNTART77		
Branch Artery Occlusion			BRNART77		
Central Vein Occlusion			CNTART77		
Branch Vein Occlusion			BRNART77		
Hollenhorst Plaque			HOLPLQ77		
Asteroid Hyalosis			ASTHYL77		
Large Cup Disc Ratio			LRGCUP77		
RH Within Disc Ratio			RHDISC77		
Peripapillary Atrophy			PERPAT77		
Papillary Swelling			PAPSWL77		
Other Disc Abnormality			OTHDAB77		
Glial Vitreous Thickening			GLVIT77		
Medullated Nerve Fibers			MEDNRV77		

Retinal Data (cont.)

Cellophane			CELLPH77		
SWR			SWR77		
Drusen Present			DRUSEN77		
Soft Drusen			SFTDRU77		

Retinal Data (cont.)

Question	Year 8	Year 9	Year 10	Year 11	Year 12
RPE Depigmentation			RPEDPG77		
Hyperpigmentation			HYPPIG77		
SSR Detachment			SSRDET77		
Subretinal Hemorrhage			SUBHEM77		
Subretinal Fibrosis			SUBFIB77		
Geographic Atrophy			GEOATR77		
Chorioretinal Scar			CHSCAR77		
Nevus			NEVUS77		
Retinal Detachment			RETDET77		
OOL Other			OOLOTH77		
Retinal Note Sent Status			RETNT77		
Routine Notification Sent Date			NTDATE77		
Retinal Alert Phone Call Date			ALTCLD77		
Rip Data Start			RPDATA77		
Grade Date Rip			GRDDTR77		
Grader Rip			GRDRIP		
Arteriole 1 ... Arteriole 18			A177 ... A1877		
Vein 1			V177		

Retinal Data (cont.)

Question	Year 8	Year 9	Year 10	Year 11	Year 12
Vein 2 ... Vein 18			V277 ... V1877		
Arteriole1, 1st Branch			B1A77		
Arteriole 1, 2nd Branch ... Arteriole 18, 1st Branch			B1B77 ... B18A77		
Arteriole 18, 2nd Branch			B18B77		
Arteriole Equivalent 1 ... Arteriole Equivalent 18			B1AE77 ... B18AE77		
# of Arterioles Branch Pair Meas Req			BREXP77		
# of Arterioles Branch Pairs Meas			BRMEAS77		
Portion of Required Branch Pairs			BRPERC77		
CRAE T			CRAET77		
CRAE B			CRAEB77		
CRVE			CRVE77		
AV Ratio T			AVRATT77		
AV Ratio B			AVRATB77		
Qualtiy Control Code			QC77		

Nutrition History Form*
(Record 25)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
Date Selection Variable	KEYDAT25				KEYDAT25		
Interviewer ID Number	INTID25				INTID25		
Interview date	INTDAT25				INTDAT25		
How often do you eat the following food from restaurants or fast food places: - fried chicken - burgers - pizza - Chinese food - Mexican food - fried fish - other foods	CHICKN25 BURGER25 PIZZA25 CHINES25 MEXICA25 FISH25 OTFOOD25				CHICKN25 BURGER25 PIZZA25 CHINES25 MEXICA25 FISH25 OTFOOD25		
For about how long have you eaten the way you do? if > 1 year, number of years if < 1 year, number of months	EATYRS25 EATMON25				EATYRS25 EATMON25		
Are you following a special diet? - Is your diet medically prescribed or self imposed?	DIET25 DIETW25				DIET25 DIETW25		
How often do you eat the skin on chicken?	SKIN25				SKIN25		
How often do you eat the fat on meat?	FAT25				FAT25		

*Nutrition data collected in Year 8 and later is in Record 65.

Nutrition History Form (cont.)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
How often do you use the following? - low or reduced sodium canned vegetables or soups - juice-pack or low-sugar canned fruits - low-salt bread or cereal products - low-calorie bread - low-calorie salad dressing - reduced-sodium lunch meat or cold cuts - low-fat lunch meats or cold cuts - low-sodium or low-calorie frozen entrees or dinner	VEG25 FRUIT25 BREADS25 BREADC25 SALAD25 MEATR25 MEATL25 ENTREE25				VEG25 FRUIT25 BREADS25 BREADC25 SALAD25 MEATR25 MEATL25 ENTREE25		
How often do you add salt to your food?	SALT25				SALT25		
What type of salt do you use?	SALTT25				SALTT25		
Is it plain or iodized salt?	PLAIN25				PLAIN25		
How often do you use fat or oil in cooking? # times per unit of time	FATN25 FATF25				FATN25 FATF25		
What kind of fat or oil do you usually cook with? (check up to 2 kinds)	FATCK125 FATCK225				FATCK125 FATCK225		
What kind of fat or oil do you usually add to vegetables, potatoes, etc.? (check up to 2 kinds)	FATAD125 FATAD225				FATAD125 FATAD225		

Nutrition History Form (cont.)

If you eat cold cereal, what kind do you eat most often?	CEREAL25				CEREAL25		
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Nutrition History Form (cont.)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
About how many servings of vegetables do you eat per day of the week not counting salads or potatoes? # vegetables per unit of time	VEGF25 VEGT25				VEGF25 VEGT25		
How many fruits do you usually eat per day or per week not counting juices? # fruits per unit of time	FRUITF25 FRUITT25				FRUITF25 FRUITT25		
How often do you eat breakfast?	BRKAST25				BRKAST25		
On Mon-Fri about what time do you usually first eat or drink something after waking up? hour minute am/pm	EATFTH25 EATFTM25 AMPMF25				EATFTH25 EATFTM25 AMPMF25		
On Mon-Fri about what time do you usually last eat or drink something before going to bed? hour minute am/pm	EATLTH25 EATLTM25 AMPML25				EATLTH25 EATLTM25 AMPML25		
On Mon-Fri how many meals do you usually eat per day?	MEALN25				MEALN25		
On Mon-Fri how many snacks do you usually eat after dinner?	SNACKN25				SNACKN25		

Nutrition History Form (cont.)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
<u>Alcohol Consumption:</u> (more info. on alcohol is in the medical history form, including calculated vars.)							
Do you ever drink beer? - About how often do you drink beer? - How many 12 oz cans/bottles of beer do you usually drink on 1 occasion?	BEER25 BEERF25 BEERN25		BEER39 BEERF39 BEERN39	BEER29 BEERF29 BEERN29	BEER25 BEERF25 BEERN25	BEER59 BEERF59 BEERN59	BEER59 BEERF59 BEERN59
Do you ever drink wine? - About how often do you drink wine? - How many medium, 6 oz glasses of wine do you usually drink on one occasion?	WINE25 WINEF25 WINEN25		WINE39 WINEF39 WINEN39	WINE29 WINEF29 WINEN29	WINE25 WINEF25 WINEN25	WINE59 WINEF59 WINEN59	WINE59 WINEF59 WINEN59
Do you ever drink liquor? - About how often do you drink liquor? - How many drinks, equal to 1 shot of liquor, do you usually drink on one occasion?	LIQUOR25 LIQUOF25 LIQUON25		LIQUOR39 LIQUOF39 LIQUON39	LIQUOR29 LIQUOF29 LIQUON29	LIQUOR25 LIQUOF25 LIQUON25	LIQUOR59 LIQUOF59 LIQUON59	LIQUOR59 LIQUOF59 LIQUON59
Have you changed your pattern of beer, wine, or liquor consumption during the past 5 years?	PATTEN25				PATTEN25		

Nutrition History Form (cont.)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
Was there ever a time when you drank 5 or more drinks of any kind of alcoholic beverage almost every day?	ALC525				ALC525		
- How many periods of time did you drink 5 or more alcoholic beverages almost every day?	ALCP525				ALCP525		
- For how long altogether did these periods last? Length Units	ALCLN525 ALCLU525				ALCLN525 ALCLU525		
Continued on next page for the food card section (old cohort only)....							

Nutrition History Form (cont.)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
<u>Food Cards:</u> How often have you eaten this food over the past 12 months? - apples, applesauce, pears - bananas - peaches, apricots (canned, frozen) - peaches, apricots, nectarines (in season) - cantaloupe (in season) - watermelon (in season) - strawberries (fresh, in season) - oranges - orange juice, grapefruit juice - grapefruit - tang, start breakfast drinks - other fruit juices, fortified fruit drink - any other fruit - string beans, green beans - peas - chili with beans - other beans (baked beans, pinto, kidney) - corn - winter squash, baked squash - tomatoes, tomato juice - red chili sauce, taco sauce, salsa - broccoli - cauliflower, brussel sprouts - spinach (raw) - spinach (cooked) - mustard greens, turnip greens, collards - cole slaw, cabbage, sauerkraut	APPLE25 BANANA25 PEACHC25 PEACHF25 CANTAL25 WATERM25 STRAWB25 ORANGE25 ORANJU25 GRAPEF25 TANG25 OTHJUI25 OTHFRT25 BEANS25 PEAS25 CHILIB25 OTHBN25 CORN25 SQUASH25 TOMATO25 SALSA25 BROCCO25 SPROUT25 SPINR25 SPINC25 COLARD25 CABAGE25						

Nutrition History Form (cont.)

Nutrition History Form (cont.)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
- carrots, mixed vegetables with carrots - green salad - salad dressing, mayonnaise - french fries, fried potatoes - sweet potatoes, yams - other potatoes (boiled, baked) - rice - other veg (onions, summer squash) - fat on veg (butter, margarine) - hamburgers, cheeseburgers, meat loaf - beef (steaks, roasts) - beef stew/ pot pie with veg - liver including chicken livers - pork (chops, roasts) - fried chicken - chicken or turkey (roasted, stewed, broiled) - fried fish, fish sandwich - tuna fish, tuna salad, tuna casserole - shell fish (shrimp, lobster, crab, oysters) - other fish (broiled, baked) - spaghetti, lasagna, pasta w tomato sauce - pizza - mixed dishes w cheese (macaroni & cheese) - liverwurst - hot dogs - hams, lunch meats - veg soup, veg beef, minnestrone, tomato soup	CARROT25 SALADG25 SALADD25 FRIES25 POTATO25 OTHPOT25 RICE25 OTHVEG25 FATVEG25 LOAF25 BEEFR25 BEEFS25 LIVER25 PORK25 CHICKF25 CHICKR25 FISHF25 TUNA25 SHELLF25 OTHFSH25 LASANA25 PIZZAS25 DISH25 LIVERW25 HOGDOG25 HAMMEA25 VEGSOU25						

Nutrition History Form (cont.)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
- other soups	OTHSOU25						
- biscuits, muffins, burger rolls	BISCUI25						
- white bread, bagels, crackers	BREADW25						
- dark bread (whole wheat, rye, pumpernickel)	BREADB25						
- corn bread, corn muffins, corn tortillas	BRDCN25						
- salty snacks (chips, popcorn)	SNACKS25						
- peanuts, peanut butter	PEANUT25						
- butter on bread or rolls	BTRBD25						
- margarine on bread or rolls	MARGB25						
- gravies made with meat drippings	GRAVY25						
- high fiber, bran or granola cereals	FIBER25						
- highly fortified cereals	HIFCER25						
- other cold cereals	OTHCER25						
- cooked cereals	CKCER25						
- sugar added to cereal	SUGCER25						
- eggs	EGG25						
- bacon	BACON25						
- sausage	SAUSAG25						
- ice cream	ICECRM25						
- doughnuts, cookies, cakes, pastry	COOKIE25						
- pumpkin pie, sweet potato pie	PKNPIE25						
- other pies	OTHPIE25						
- chocolate candy	CHCNDY25						
- other candy, jelly, honey, brown sugar	JELLY25						

Nutrition History Form (cont.)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
<ul style="list-style-type: none"> - cottage cheese - other cheeses and cheese spreads - flavored yogurt - whole milk and bevs with whole milk - 2% milk and bevs with 2% milk - skim, 1% or buttermilk - regular soft drinks - diet soft drinks - beer - wine - liquor - decaffeinated coffee - coffee, not decaffeinated - tea (hot or iced) - lemon in tea - non-dairy creamer in coffee or tea - milk in coffee or tea - cream (real or half-and-half) in coffee or tea - sugar in coffee or tea - artificial sweetener in coffee or tea - glasses of water (not counting coffee or tea) 	COTTCH25 OTHCHS25 YOGURT25 WHMILK25 MILK225 SKMILK25 SFTDRK25 DIETSD25 BEER225 WINE225 LIQ225 COFFED25 COFFEE25 TEA25 TEALMN25 DIARYN25 MILKCF25 CRMCOF25 SGRCOF25 SWEETN25 WATER25						

Nutrition Form*
(Record 65)

Question	Year 8	Year 9	Year 10	Year 11	Year 12
Date Batch Received	DATE65				
Calories (kcal)	CAL65				
Protein (gm)	PROT65				
Animal Fat (gm)	AFAT65				
Vegetable Fat (gm)	VFAT65				
Carbohydrates (gm)	CARBO65				
Crude Fiber (gm)	CRUDE65				
Diet Fiber (gm)	DTFIB65				
AOACFiber (gm)	AOFIB65				
Calcium (mg)	CALC65				
Iron (mg)	IRON65				
Magnesium (mg)	MAGN65				
Phosphorus (mg)	PHOS65				
Potassium (mg)	K65				
Zinc (mg)	ZINC65				
Vitamin C (mg)	VITC65				

* Replace Record 25 as of Year 8.

Nutrition Form (cont.)

Question	Year 8	Year 9	Year 10	Year 11	Year 12
Vitamin B1 (mg)	VITB165				
Vitamin B2 (mg)	VITB265				
Niacin (mg)	NIACIN65				
Vitamin B6 (mg)	VITB665				
Folate (mcg)	FOL65				
Retinol (iu)	RETIN65				
Carotene (iu)	CAROT65				
Vitamin A (iu)	VITA65				
Saturated Fat (mg)	SATFAT65				
Monounsaturated Fat (mg)	MONFAT65				
Oleic (mg)	OLEIC65				
Polyunsaturated Fat (mg)	POLY65				
Linoleic (mg)	LINOL65				
Cholesterol (mg)	CHOL65				
Methionine (mg)	METH65				
Vitamin D (iu)	VITD65				
Vitamin E (iu)	VITEIU65				

Nutrition Form (cont.)

Question	Year 8	Year 9	Year 10	Year 11	Year 12
Vitamin E (mg)	VITE65				
Alcohol (mg)	ALCO65				
Caffeine (mg)	CAFF65				
Saccharin (mg)	SACH65				
Vitamin B12 (mcg)	VITB1265				
Pantothenic Acid (mg)	PANTO65				
Sucrose (mg)	SUCR65				
Sodium (mg)	SODIUM65				
Animal Protein (mg)	APROT65				
Lactose (mg)	LACT65				
Tryptophan (mg)	TRYPT65				
Manganese (mg)	MN65				
Omega 3 W20.5+W22.6 (mg)	OMEGA65				
Iodine (mcg)	IODINE65				
Selenium (mcg)	SE65				
Copper (mg)	CU65				
Fructose (mg)	FRUCT65				
18.3 Fatty Acid (mg)	F18365				

Nutrition Form (cont.)

Question	Year 8	Year 9	Year 10	Year 11	Year 12
4.0 Fatty Acid (mg)	F4065				
6.0 Fatty Acid (mg)	F6065				
8.0 Fatty Acid (mg)	F8065				
10.0 Fatty Acid (mg)	F10065				
12.0 Fatty Acid (mg)	F12065				
14.0 Fatty Acid (mg)	F14065				
16.0 Fatty Acid (mg)	F16065				
18.0 Fatty Acid (mg)	F18065				
16.1 Fatty Acid (mg)	F16165				
20.1 Fatty Acid (mg)	F20165				
22.1 Fatty Acid (mg)	F22165				
18.4 Fatty Acid (mg)	F18465				
20.4 Fatty Acid (mg)	F20465				
20.5 Fatty Acid (mg)	F20565				
22.5 Fatty Acid (mg)	F22565				
22.6 Fatty Acid (mg)	F22665				
Glutamate (mg)	GLUT65				
Asparate (mg)	ASP65				

Nutrition Form (cont.)

Question	Year 8	Year 9	Year 10	Year 11	Year 12
Calcium w/o Vitamin Pills (mg)	CALCWO65				
Iron w/o Vitamin Pills (mg)	IRONWO65				
Zinc w/o Vitamin Pills (mg)	ZNWO65				
Vitamin C w/o vitamin Pills (mg)	VTCWO65				
Thiamin B1 w/o vitamin Pills (mg)	VTB1WO65				
Riboflavin B2 w/o Vitamin Pills (mg)	VTB2WO65				
Pyridoxine B6 w/o Vitamin Pills (mg)	VTB62O65				
Folate w/o Vitamin Pills (mcg)	FOLWO65				
Retinol w/o Vitamin Pills (iu)	RETWO65				
Vitamin A w/o Vitamin Pills (iu)	VTAWO65				
Vitamin D w/o Vitamin Pills (iu)	VTDWO65				
Vitamin E w/o Vitamin Pills (iu)	VEIUWO65				
Vitamin E w/o Vitamin Pills (mg)	VTEWO65				
Vitamin B12 w/o Vitamin Pills (mcg)	VB12WO65				
Fateat (mg)	FATEAT65				
Selenium w/o Vitamin Pills (mcg)	SEWO65				
Calories from Fat (kcal)	CALFAT65				
Number of Unanswered Foods	NBLANK65				

Phone Follow-Up Form
(Records 31,32)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
Date Selection Variable	DATE31	DATE32	DATE32	DATE32 YEAR32	DATE32 YEAR32	YEAR32	YEAR32
<u>Introductory Script</u> Participant deceased Did you receive our letter? Interview started Hour Minute am/pm Participant refuses interview Reason Participant moved during last 6 months Participant moved during last month? Current marital status Other (specify)	DIED31 LETTER31 STRTHR31 STRTMN31 STRTAP31 REFUSE31 WHYRES31 MOVE6M31 MOVE1M31	DIED32 LETTER32 STRTHR32 STRTMN32 STRTAP32 REFUSE32 WHYRFS32 MOVE6M32 MOVE1M32 MARIT32 MARSPC32	LETTER32 MOVE6M32 MOVE1M32 MARIT32 MARSPC32	LETTER32 MOVE6M32 MOVE1M32 MARIT32 MARSPC32	LETTER32 MOVE6M32 MOVE1M32 MARIT32 MARSPC32	LETTER32 MOVE6M32 MOVE1M32 MARIT32 MARSPC32	LETTER32 MOVE6M32 MOVE1M32 MARIT32 MARSPC32
<u>Health Status*</u> In general, health is ... How health compares to others How health compares to last time Days stayed in bed b/c of illness or injury during past 2 weeks Illness that caused you to stay in bed Other (specify) Had a coronary bypass surgery since last? Had a cardiac catheterization or coronary angiography since last?	GNHLTH31 CMHLTH31 CHHLTH31 DAYBED31 WHYBED31 OTHBED31	GNHLTH32 CMHLTH32 CHHLTH32 DAYBED32 WHYBED32 OTHBED32	GNHLTH32 CMHLTH32 CHHLTH32 DAYBED32 WHYBED32 OTHBED32 CABG32 CCATH32	GNHLTH32 CMHLTH32 CHHLTH32 DAYBED32 WHYBED32 OTHBED32 CABG32 CCATH32	GNHLTH32 CMHLTH32 CHHLTH32 DAYBED32 WHYBED32 OTHBED32 CABG32 CCATH32	GNHLTH32 CMHLTH32 CHHLTH32 DAYBED32 WHYBED32 OTHBED32 CABG32 CCATH32	GNHLTH32 CMHLTH32 CHHLTH32 DAYBED32 WHYBED32 OTHBED32 CABG32 CCATH32

Phone Follow-Up Form (cont.)

* Some of these variables are also found in the Medical History Form (Recs 7,29,37,39,57,59)

Question	Year 8	Year 9	Year 10	Year 11	Year 12
Date Selection Variable	YEAR32	YEAR32	YEAR32	YEAR32	
<u>Introductory Script</u> Participant deceased Did you receive our letter? Interview started Hour Minute am/pm Participant refuses interview Reason Participant moved during last 6 months Participant moved during last month? Current marital status Other (specify)	LETTER32 MOVE6M32 MOVE1M32 MARIT32 MARSPC32	LETTER32 MOVE6M32 MOVE1M32 MARIT32 MARSPC32	LETTER32 MOVE6M32 MOVE1M32 MARIT32 MARSPC32	LETTER32 MOVE6M32 MOVE1M32 MARIT32 MARSPC32	
<u>Health Status*</u> In general, health is ... How health compares to others How health compares to last time Days stayed in bed b/c of illness or injury during past 2 weeks Illness that caused you to stay in bed Other (specify) Had a coronary bypass surgery since last? Had a cardiac catheterization or coronary angiography since last?	GNHLTH32 CMHLTH32 CHHLTH32 DAYBED32 WHYBED32 OTHBED32 CABG32 CCATH32	GNHLTH32 CMHLTH32 CHHLTH32 DAYBED32 WHYBED32 OTHBED32 CABG32 CCATH32	GNHLTH32 CMHLTH32 CHHLTH32 DAYBED32 WHYBED32 OTHBED32 CABG32 CCATH32	GNHLTH32 CMHLTH32 CHHLTH32 DAYBED32 WHYBED32 OTHBED32 CABG32 CCATH32	

* Some of these variables are also found in the Medical History Form (Recs 7,29,37,39,57,59)

Phone Follow-Up Form (cont.)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
Doctor diagnosed new MI or heart attack in 6 months?	NEWMI31	NEWMI32	NEWMI32	NEWMI32	NEWMI32	NEWMI32	NEWMI32
Date of event/diagnosis							
Month		MIMO32	MIMO32	MIMO32	MIMO32	MIMO32	MIMO32
Day		MIDA32	MIDA32	MIDA32	MIDA32	MIDA32	MIDA32
Year		MIYR32	MIYR32	MIYR32	MIYR32	MIYR32	MIYR32
Times saw doctor for this condition		MIMD32	MIMD32	MIMD32	MIMD32	MIMD32	MIMD32
In hospital for this over last 6 months?		MIHOSP32	MIHOSP32	MIHOSP32	MIHOSP32	MIHOSP32	MIHOSP32
Times in hospital		MITIME32	MITIME32	MITIME32	MITIME32	MITIME32	MITIME32
Admission dates							
date 1		MI1MO32	MI1MO32	MI1MO32	MI1MO32	MI1MO32	MI1MO32
month 1		MI1DA32	MI1DA32	MI1DA32	MI1DA32	MI1DA32	MI1DA32
day 1		MI1YR32	MI1YR32	MI1YR32	MI1YR32	MI1YR32	MI1YR32
year 1		.	.	.	.	.	.
.	
.	
date 4		MI4MO32	MI4MO32	MI4MO32	MI4MO32	MI4MO32	MI4MO32
month 4		MI4DA32	MI4DA32	MI4DA32	MI4DA32	MI4DA32	MI4DA32
day 4		MI4YR32	MI4YR32	MI4YR32	MI4YR32	MI4YR32	MI4YR32
year 4		MIDAY32	MIDAY32	MIDAY32	MIDAY32	MIDAY32	MIDAY32
Total days hospitalized							
	NEWANG31	NEWANG32	NEWANG32	NEWANG32	NEWANG32	NEWANG32	NEWANG32
Doctor diagnosed a new episode of angina pectoris or chest pain?							
Date of event/diagnosis		ANGMO32	ANGMO32	ANGMO32	ANGMO32	ANGMO32	ANGMO32
month		ANGDA32	ANGDA32	ANGDA32	ANGDA32	ANGDA32	ANGDA32
day		ANGYR32	ANGYR32	ANGYR32	ANGYR32	ANGYR32	ANGYR32
year		ANGMD32	ANGMD32	ANGMD32	ANGMD32	ANGMD32	ANGMD32
Times saw doctor for this condition		ANHOSP32	ANHOSP32	ANHOSP32	ANHOSP32	ANHOSP32	ANHOSP32
In hospital for this condition?							

Phone Follow-Up Form (cont.)

Questions	Year 8	Year 9	Year 10	Year 11	Year 12
Doctor diagnosed new MI or heart attack in 6 months?	NEWMI32	NEWMI32	NEWMI32	NEWMI32	
Date of event/diagnosis					
Month	MIMO32	MIMO32	MIMO32	MIMO32	
Day	MIDA32	MIDA32	MIDA32	MIDA32	
Year	MIYR32	MIYR32	MIYR32	MIYR32	
Times saw doctor for this condition	MIMD32	MIMD32	MIMD32	MIMD32	
In hospital for this over last 6 months?	MIHOSP32	MIHOSP32	MIHOSP32	MIHOSP32	
MITIME32	MITIME32	MITIME32	MITIME32	MITIME32	
Times in hospital					
Admission dates					
date 1	MI1MO32	MI1MO32	MI1MO32	MI1MO32	
month 1	MI1DA32	MI1DA32	MI1DA32	MI1DA32	
day 1	MI1YR32	MI1YR32	MI1YR32	MI1YR32	
year 1	.	.	.	.
.	
.	
date 4	MI4MO32	MI4MO32	MI4MO32	MI4MO32	
month 4	MI4DA32	MI4DA32	MI4DA32	MI4DA32	
day 4	MI4YR32	MI4YR32	MI4YR32	MI4YR32	
year 4	MIDAY32	MIDAY32	MIDAY32	MIDAY32	
Total days hospitalized					
	NEWANG32	NEWANG32	NEWANG32	NEWANG32	
Doctor diagnosed a new episode of angina pectoris or chest pain?					
Date of event/diagnosis	ANGMO32	ANGMO32	ANGMO32	ANGMO32	
month	ANGDA32	ANGDA32	ANGDA32	ANGDA32	
day	ANGYR32	ANGYR32	ANGYR32	ANGYR32	
year	ANGMD32	ANGMD32	ANGMD32	ANGMD32	
Times saw doctor for this condition	ANHOSP32	ANHOSP32	ANHOSP32	ANHOSP32	
In hospital for this condition?					

Phone Follow-Up Form (cont.)

Question	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
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Phone Follow-Up Form (cont.)

Times in hospital		ANTIME32	ANTIME32	ANTIME32	ANTIME32	ANTIME32	ANTIME32
Admission dates							
date 1							
month 1		AN1MO32	AN1MO32	AN1MO32	AN1MO32	AN1MO32	AN1MO32
day 1		AN1DA32	AN1DA32	AN1DA32	AN1DA32	AN1DA32	AN1DA32
year 1		AN1YR32	AN1YR32	AN1YR32	AN1YR32	AN1YR32	AN1YR32
.	
.	
date 4		.	.	.	.	.	.
month 4		AN4MO32	AN4MO32	AN4MO32	AN4MO32	AN4MO32	AN4MO32
day 4		AN4DA32	AN4DA32	AN4DA32	AN4DA32	AN4DA32	AN4DA32
year 4		AN4YR32	AN4YR32	AN4YR32	AN4YR32	AN4YR32	AN4YR32
Total days in hospital		ANDAYS32	ANDAYS32	ANDAYS32	ANDAYS32	ANDAYS32	ANDAYS32
Doctor diagnosed a new episode of intermittent claudication ... ?	NEWCLD31	NEWCLD32	NEWCLD32	NEWCLD32	NEWCLD32	NEWCLD32	NEWCLD32
Date of event/diagnosis							
month		CLDMO32	CLDMO32	CLDMO32	CLDMO32	CLDMO32	CLDMO32
day		CLDDA32	CLDDA32	CLDDA32	CLDDA32	CLDDA32	CLDDA32
year		CLDYR32	CLDYR32	CLDYR32	CLDYR32	CLDYR32	CLDYR32
Times saw doctor for this condition		CLDMD32	CLDMD32	CLDMD32	CLDMD32	CLDMD32	CLDMD32
In hospital for this condition?		CLHOSP32	CLHOSP32	CLHOSP32	CLHOSP32	CLHOSP32	CLHOSP32
Times in hospital		CLTIMES32	CLTIMES32	CLTIMES32	CLTIMES32	CLTIMES32	CLTIMES32
Admission dates							
date 1							
month 1		CL1MO32	CL1MO32	CL1MO32	CL1MO32	CL1MO32	CL1MO32
day 1		CL1DA32	CL1DA32	CL1DA32	CL1DA32	CL1DA32	CL1DA32
year 1		CL1YR32	CL1YR32	CL1YR32	CL1YR32	CL1YR32	CL1YR32
.	
.	
date 4		.	.	.	.	.	.
month 4		CL4MO32	CL4MO32	CL4MO32	CL4MO32	CL4MO32	CL4MO32
day 4		CL4DA32	CL4DA32	CL4DA32	CL4DA32	CL4DA32	CL4DA32
year 4		CL4YR32	CL4YR32	CL4YR32	CL4YR32	CL4YR32	CL4YR32
Total days in hospital		CLDAYS32	CLDAYS32	CLDAYS32	CLDAYS32	CLDAYS32	CLDAYS32

Phone Follow-Up Form (cont.)

Question	Year 8	Year 9	Year 10	Year 11	Year 12
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Phone Follow-Up Form (cont.)

Times in hospital	ANTIME32	ANTIME32	ANTIME32	ANTIME32	
Admission dates					
date 1					
month 1	AN1MO32	AN1MO32	AN1MO32	AN1MO32	
day 1	AN1DA32	AN1DA32	AN1DA32	AN1DA32	
year 1	AN1YR32	AN1YR32	AN1YR32	AN1YR32	
.	
.	
date 4	.	.	.	.
month 4	AN4MO32	AN4MO32	AN4MO32	AN4MO32	
day 4	AN4DA32	AN4DA32	AN4DA32	AN4DA32	
year 4	AN4YR32	AN4YR32	AN4YR32	AN4YR32	
Total days in hospital	ANDAYS32	ANDAYS32	ANDAYS32	ANDAYS32	
Doctor diagnosed a new episode of intermittent claudication ... ?	NEWCLD32	NEWCLD32	NEWCLD32	NEWCLD32	
Date of event/diagnosis					
month	CLDMO32	CLDMO32	CLDMO32	CLDMO32	
day	CLDDA32	CLDDA32	CLDDA32	CLDDA32	
year	CLDYR32	CLDYR32	CLDYR32	CLDYR32	
Times saw doctor for this condition	CLDMD32	CLDMD32	CLDMD32	CLDMD32	
In hospital for this condition?	CLHOSP32	CLHOSP32	CLHOSP32	CLHOSP32	
Times in hospital	CLTIMES32	CLTIMES32	CLTIMES32	CLTIMES32	
Admission dates					
date 1					
month 1	CL1MO32	CL1MO32	CL1MO32	CL1MO32	
day 1	CL1DA32	CL1DA32	CL1DA32	CL1DA32	
year 1	CL1YR32	CL1YR32	CL1YR32	CL1YR32	
.	
.	
date 4	.	.	.	.
month 4	CL4MO32	CL4MO32	CL4MO32	CL4MO32	
day 4	CL4DA32	CL4DA32	CL4DA32	CL4DA32	
year 4	CL4YR32	CL4YR32	CL4YR32	CL4YR32	
Total days in hospital	CLDAYS32	CLDAYS32	CLDAYS32	CLDAYS32	

Phone Follow-Up Form (cont.)

Questions	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
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Phone Follow-Up Form (cont.)

Doctor diagnosed a new stroke?	NEWSTK31	NEWSTK32	NEWSTK32	NEWSTK32	NEWSTK32	NEWSTK32	NEWSTK32
Date of event/diagnosis							
month		STKMO32	STKMO32	STKMO32	STKMO32	STKMO32	STKMO32
day		STKDA32	STKDA32	STKDA32	STKDA32	STKDA32	STKDA32
year		STKYR32	STKYR32	STKYR32	STKYR32	STKYR32	STKYR32
Times saw doctor for this condition		STKMD32	STKMD32	STKMD32	STKMD32	STKMD32	STKMD32
In hospital for this condition?		STHOSP32	STHOSP32	STHOSP32	STHOSP32	STHOSP32	STHOSP32
Times in hospital		STTIME32	STTIME32	STTIME32	STTIME32	STTIME32	STTIME32
Admission date 1							
month 1		ST1MO32	ST1MO32	ST1MO32	ST1MO32	ST1MO32	ST1MO32
day 1		ST1DA32	ST1DA32	ST1DA32	ST1DA32	ST1DA32	ST1DA32
year 1		ST1YR32	ST1YR32	ST1YR32	ST1YR32	ST1YR32	ST1YR32
.	
date 4		.	.	.	.	.	.
month 4		ST4MO32	ST4MO32	ST4MO32	ST4MO32	ST4MO32	ST4MO32
day 4		ST4DA32	ST4DA32	ST4DA32	ST4DA32	ST4DA32	ST4DA32
year 4		ST4YR32	ST4YR32	ST4YR32	ST4YR32	ST4YR32	ST4YR32
Total days hospitalized		STDAYS32	STDAYS32	STDAYS32	STDAYS32	STDAYS32	STDAYS32
Doctor diagnosed new TIA?	NEWTIA31	NEWTIA32	NEWTIA32	NEWTIA32	NEWTIA32	NEWTIA32	NEWTIA32
Date of event/diagnosis							
month		TIAMO32	TIAMO32	TIAMO32	TIAMO32	TIAMO32	TIAMO32
day		TIADA32	TIADA32	TIADA32	TIADA32	TIADA32	TIADA32
year		TIAYR32	TIAYR32	TIAYR32	TIAYR32	TIAYR32	TIAYR32
Times saw doctor for this condition		TIAMD32	TIAMD32	TIAMD32	TIAMD32	TIAMD32	TIAMD32
In hospital for this condition?		TIHOSP32	TIHOSP32	TIHOSP32	TIHOSP32	TIHOSP32	TIHOSP32
Times in hospital		TITIME32	TITIME32	TITIME32	TITIME32	TITIME32	TITIME32
Admission date 1							
month 1		TI1MO32	TI1MO32	TI1MO32	TI1MO32	TI1MO32	TI1MO32
day 1		TI1DA32	TI1DA32	TI1DA32	TI1DA32	TI1DA32	TI1DA32
year 1		TI1YR32	TI1YR32	TI1YR32	TI1YR32	TI1YR32	TI1YR32
.	
date 4		.	.	.	.	.	.
month 4		TI4MO32	TI4MO32	TI4MO32	TI4MO32	TI4MO32	TI4MO32
day 4		TI4DA32	TI4DA32	TI4DA32	TI4DA32	TI4DA32	TI4DA32
year 4		TI4YR32	TI4YR32	TI4YR32	TI4YR32	TI4YR32	TI4YR32
Total days hospitalized		TIDAYS32	TIDAYS32	TIDAYS32	TIDAYS32	TIDAYS32	TIDAYS32

Phone Follow-Up Form (cont.)

Questions	Year 8	Year 9	Year 10	Year 11	Year 12
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Phone Follow-Up Form (cont.)

Doctor diagnosed a new stroke?	NEWSTK32	NEWSTK32	NEWSTK32	NEWSTK32	
Date of event/diagnosis					
month	STKMO32	STKMO32	STKMO32	STKMO32	
day	STKDA32	STKDA32	STKDA32	STKDA32	
year	STKYR32	STKYR32	STKYR32	STKYR32	
Times saw doctor for this condition	STKMD32	STKMD32	STKMD32	STKMD32	
In hospital for this condition?	STHOSP32	STHOSP32	STHOSP32	STHOSP32	
Times in hospital	STTIME32	STTIME32	STTIME32	STTIME32	
Admission dates					
month 1	ST1MO32	ST1MO32	ST1MO32	ST1MO32	
day 1	ST1DA32	ST1DA32	ST1DA32	ST1DA32	
year 1	ST1YR32	ST1YR32	ST1YR32	ST1YR32	
.	
month 4	ST4MO32	ST4MO32	ST4MO32	ST4MO32	
day 4	ST4DA32	ST4DA32	ST4DA32	ST4DA32	
year 4	ST4YR32	ST4YR32	ST4YR32	ST4YR32	
Total days hospitalized	STDAYS32	STDAYS32	STDAYS32	STDAYS32	
Doctor diagnosed new TIA?	NEWTIA32	NEWTIA32	NEWTIA32	NEWTIA32	
Date of event/diagnosis					
month	TIAMO32	TIAMO32	TIAMO32	TIAMO32	
day	TIADA32	TIADA32	TIADA32	TIADA32	
year	TIAYR32	TIAYR32	TIAYR32	TIAYR32	
Times saw doctor for this condition	TIAMD32	TIAMD32	TIAMD32	TIAMD32	
In hospital for this condition?	TIHOSP32	TIHOSP32	TIHOSP32	TIHOSP32	
Times in hospital	TITIME32	TITIME32	TITIME32	TITIME32	
Admission dates					
month 1	TI1MO32	TI1MO32	TI1MO32	TI1MO32	
day 1	TI1DA32	TI1DA32	TI1DA32	TI1DA32	
year 1	TI1YR32	TI1YR32	TI1YR32	TI1YR32	
.	
month 4	TI4MO32	TI4MO32	TI4MO32	TI4MO32	
day 4	TI4DA32	TI4DA32	TI4DA32	TI4DA32	
year 4	TI4YR32	TI4YR32	TI4YR32	TI4YR32	
Total days hospitalized	TIDAYS32	TIDAYS32	TIDAYS32	TIDAYS32	

Phone Follow-Up Form (cont.)

Questions	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
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Phone Follow-Up Form (cont.)

Doctor diagnosed new episode of heart failure since last?	NEWCHF31		NEWCHF32	NEWCHF32	NEWCHF32	NEWCHF32	NEWCHF32
Date of event/diagnosis							
month			CHFMO32	CHFMO32	CHFMO32	CHFMO32	CHFMO32
day			CHFDA32	CHFDA32	CHFDA32	CHFDA32	CHFDA32
year			CHFYZ32	CHFYZ32	CHFYZ32	CHFYZ32	CHFYZ32
Times saw doctor for this condition			CHFMD32	CHFMD32	CHFMD32	CHFMD32	CHFMD32
In hospital for this condition?			CHHOSP32	CHHOSP32	CHHOSP32	CHHOSP32	CHHOSP32
Times in hospital			CHTIME32	CHTIME32	CHTIME32	CHTIME32	CHTIME32
Admission date 1							
month 1			CH1MO32	CH1MO32	CH1MO32	CH1MO32	CH1MO32
day 1			CH1DA32	CH1DA32	CH1DA32	CH1DA32	CH1DA32
year 1			CH1YR32	CH1YR32	CH1YR32	CH1YR32	CH1YR32
.		
date 4			.	.	.	.	.
month 4			CH4MO32	CH4MO32	CH4MO32	CH4MO32	CH4MO32
day 4			CH4DA32	CH4DA32	CH4DA32	CH4DA32	CH4DA32
year 4			CH4YR32	CH4YR32	CH4YR32	CH4YR32	CH4YR32
Total days hospitalized			CHDAYS32	CHDAYS32	CHDAYS32	CHDAYS32	CHDAYS32
In addition to above visits, how many times seen a doctor since last?		MD32	MD32	MD32	MD32	MD32	MD32
Stayed overnight as a patient in a hosp?	HOSP31						
		HSTIME32	HSTIME32	HSTIME32	HSTIME32	HSTIME32	HSTIME32
In addition to above, how many times have you stayed in a hosp since last?		RSHOS132	RSHOS132	RSHOS132	RSHOS132	RSHOS132	RSHOS132
		MOHOS132	MOHOS132	MOHOS132	MOHOS132	MOHOS132	MOHOS132
Reason admitted 1st time		DAHOS132	DAHOS132	DAHOS132	DAHOS132	DAHOS132	DAHOS132
month 1		YRHOS132	YRHOS132	YRHOS132	YRHOS132	YRHOS132	YRHOS132
day 1		.	.	.	.	.	.
year 1		RSHOS532	RSHOS532	RSHOS532	RSHOS532	RSHOS532	RSHOS532
.		MOHOS532	MOHOS532	MOHOS532	MOHOS532	MOHOS532	MOHOS532
Reason admitted 5th time		DAHOS532	DAHOS532	DAHOS532	DAHOS532	DAHOS532	DAHOS532
month 5		YRHOS532	YRHOS532	YRHOS532	YRHOS532	YRHOS532	YRHOS532
day 5							

Phone Follow-Up Form (cont.)

Questions	Year 8	Year 9	Year 10	Year 11	Year 12
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Phone Follow-Up Form (cont.)

Doctor diagnosed new episode of heart failure since last?	NEWCHF32	NEWCHF32	NEWCHF32	NEWCHF32	
Date of event/diagnosis					
month	CHFMO32	CHFMO32	CHFMO32	CHFMO32	
day	CHFDA32	CHFDA32	CHFDA32	CHFDA32	
year	CHFYZ32	CHFYZ32	CHFYZ32	CHFYZ32	
Times saw doctor for this condition	CHFMD32	CHFMD32	CHFMD32	CHFMD32	
In hospital for this condition?	CHHOSP32	CHHOSP32	CHHOSP32	CHHOSP32	
Times in hospital	CHTIME32	CHTIME32	CHTIME32	CHTIME32	
Admission date 1					
month 1	CH1MO32	CH1MO32	CH1MO32	CH1MO32	
day 1	CH1DA32	CH1DA32	CH1DA32	CH1DA32	
year 1	CH1YR32	CH1YR32	CH1YR32	CH1YR32	
.	
date 4	.	.	.	.
month 4	CH4MO32	CH4MO32	CH4MO32	CH4MO32	
day 4	CH4DA32	CH4DA32	CH4DA32	CH4DA32	
year 4	CH4YR32	CH4YR32	CH4YR32	CH4YR32	
Total days hospitalized	CHDAYS32	CHDAYS32	CHDAYS32	CHDAYS32	
In addition to above, how many times have you seen a doctor since last?	MD32	MD32	MD32	MD32	
Stayed overnight as a patient in a hosp?	HSTIME32	HSTIME32	HSTIME32	HSTIME32	
In addition to above, how many times have you stayed in a hosp since last?	RSHOS132	RSHOS132	RSHOS132	RSHOS132	
	MOHOS132	MOHOS132	MOHOS132	MOHOS132	
	DAHOS132	DAHOS132	DAHOS132	DAHOS132	
Reason admitted 1st time	YRHOS132	YRHOS132	YRHOS132	YRHOS132	
month 1	.	.	.	.
day 1	RSHOS532	RSHOS532	RSHOS532	RSHOS532	
year 1	MOHOS532	MOHOS532	MOHOS532	MOHOS532	
.	DAHOS532	DAHOS532	DAHOS532	DAHOS532	
Reason admitted 5th time	YRHOS532	YRHOS532	YRHOS532	YRHOS532	
month 5					
day 5					
year 5					

Phone Follow-Up Form (cont.)

Questions	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
Stayed overnight in a nursing home?	NURSHM31	NURSHM32	NURSHM32	NURSHM32	NURSHM32	NURSHM32	NURSHM32
Reason admitted 1st time	RSNUR131	RSNUR132	RSNUR132	RSNUR132	RSNUR132	RSNUR132	RSNUR132
month 1	MONUR131	MONUR132	MONUR132	MONUR132	MONUR132	MONUR132	MONUR132
day 1		DANUR132	DANUR132	DANUR132	DANUR132	DANUR132	DANUR132
year 1	YRNUR131	YRNUR132	YRNUR132	YRNUR132	YRNUR132	YRNUR132	YRNUR132
.
.
Reason admitted 5th time	RSNUR531	RSNUR532	RSNUR532	RSNUR532	RSNUR532	RSNUR532	RSNUR532
month 5	MONUR531	RSHOS532	RSHOS532	RSHOS532	RSHOS532	RSHOS532	RSHOS532
day 5		MONUR532	MONUR532	MONUR532	MONUR532	MONUR532	MONUR532
year 5	YRNUR531	YRNUR532	YRNUR532	YRNUR532	YRNUR532	YRNUR532	YRNUR532

Phone Follow-Up Form (cont.)

<p>Similar questions were also asked in the Physical Function Form (Rec 9)</p> <p><u>Physical function</u></p> <p>In the last 6 months, have you had any change in your ability to</p> <p>...walk .5 miles?</p> <p> In what way has it changed?</p> <p>...walk up 10 steps</p> <p> In what way has it changed?</p> <p>...do heavy housework?</p> <p> In what way has it changed?</p> <p>...take care of personal care needs?</p> <p> In what way has it changed?</p> <p>...do tasks w/ your arms and hands?</p> <p> In what way has it changed?</p> <p>Have you had a fall in the last 6 months?</p> <p> How many times?</p>		<p>CHGMIL32</p> <p>HOWMIL32</p> <p>CHGSTP32</p> <p>HOWSTP32</p> <p>CHGHWK32</p> <p>HOWHWK32</p> <p>CHGCAR32</p> <p>HOWCAR32</p> <p>CHGARM32</p> <p>HOWARM32</p> <p>GROUND32</p> <p>FALLEN32</p>	<p>CHGMIL32</p> <p>HOWMIL32</p> <p>CHGSTP32</p> <p>HOWSTP32</p> <p>CHGHWK32</p> <p>HOWHWK32</p> <p>CHGCAR32</p> <p>HOWCAR32</p> <p>CHGARM32</p> <p>HOWARM32</p> <p>GROUND32</p> <p>FALLEN32</p>	<p>CHGMIL32</p> <p>HOWMIL32</p> <p>CHGSTP32</p> <p>HOWSTP32</p> <p>CHGHWK32</p> <p>HOWHWK32</p> <p>CHGCAR32</p> <p>HOWCAR32</p> <p>CHGARM32</p> <p>HOWARM32</p> <p>GROUND32</p> <p>FALLEN32</p>	<p>CHGMIL32</p> <p>HOWMIL32</p> <p>CHGSTP32</p> <p>HOWSTP32</p> <p>CHGHWK32</p> <p>HOWHWK32</p> <p>CHGCAR32</p> <p>HOWCAR32</p> <p>CHGARM32</p> <p>HOWARM32</p> <p>GROUND32</p> <p>FALLEN32</p>	<p>CHGMIL32</p> <p>HOWMIL32</p> <p>CHGSTP32</p> <p>HOWSTP32</p> <p>CHGHWK32</p> <p>HOWHWK32</p> <p>CHGCAR32</p> <p>HOWCAR32</p> <p>CHGARM32</p> <p>HOWARM32</p> <p>GROUND32</p> <p>FALLEN32</p>	<p>CHGMIL32</p> <p>HOWMIL32</p> <p>CHGSTP32</p> <p>HOWSTP32</p> <p>CHGHWK32</p> <p>HOWHWK32</p> <p>CHGCAR32</p> <p>HOWCAR32</p> <p>CHGARM32</p> <p>HOWARM32</p> <p>GROUND32</p> <p>FALLEN32</p>
Questions	Year 8	Year 9	Year 10	Year 11	Year 12		

Phone Follow-Up Form (cont.)

Stayed overnight in a nursing home?	NURSHM32	NURSHM32	NURSHM32	NURSHM32	
Reason admitted 1st time	RSNUR132	RSNUR132	RSNUR132	RSNUR132	
month 1	MONUR132	MONUR132	MONUR132	MONUR132	
day 1	DANUR132	DANUR132	DANUR132	DANUR132	
year 1	YRNUR132	YRNUR132	YRNUR132	YRNUR132	
.	
.	
Reason admitted 5th time	RSNUR532	RSNUR532	RSNUR532	RSNUR532	
month 5	RSHOS532	RSHOS532	RSHOS532	RSHOS532	
day 5	MONUR532	MONUR532	MONUR532	MONUR532	
year 5	YRNUR532	YRNUR532	YRNUR532	YRNUR532	
Have a procedure to open up arteries in either legs?	ARTLEG32	ARTLEG32	ARTLEG32	ARTLEG32	
Date of procedure					
Month	ARTMO32	ARTMO32	ARTMO32	ARTMO32	
Day	ARTDA32	ARTDA32	ARTDA32	ARTDA32	
Year	ARTYR32	ARTYR32	ARTYR32	ARTYR32	
<u>Physical function</u> **					
In the last 6 months, have you had any change in your ability to	CHGMIL32	CHGMIL32	CHGMIL32	CHGMIL32	
...walk .5 miles?	HOWMIL32	HOWMIL32	HOWMIL32	HOWMIL32	
In what way has it changed?	CHGSTP32	CHGSTP32	CHGSTP32	CHGSTP32	
...walk up 10 steps	HOWSTP32	HOWSTP32	HOWSTP32	HOWSTP32	
In what way has it changed?	CHGHWK32	CHGHWK32	CHGHWK32	CHGHWK32	
...do heavy housework?	HOWHWK32	HOWHWK32	HOWHWK32	HOWHWK32	
In what way has it changed?	CHGCAR32	CHGCAR32	CHGCAR32	CHGCAR32	
...take care of personal care needs?	HOWCAR32	HOWCAR32	HOWCAR32	HOWCAR32	
In what way has it changed?	CHGARM32	CHGARM32	CHGARM32	CHGARM32	
...do tasks w/ your arms and hands?	HOWARM32	HOWARM32	HOWARM32	HOWARM32	
In what way has it changed?	GROUND32	GROUND32	GROUND32	GROUND32	
Have you had a fall in the last 6 months?	FALLEN32	FALLEN32	FALLEN32	FALLEN32	
How many times?					

**Similar questions were also asked in the Physical Function Form (Rec 9)

Phone Follow-Up Form (cont.)

Questions	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
<u>Life events***</u>							
Have you retired or changed/lost your job since we saw you last?	RETIRE31	RETIRE32	RETIRE32	RETIRE32	RETIRE32	RETIRE32	RETIRE32
When did this happen?	WHNRET31	WHNRET32	WHNRET32	WHNRET32	WHNRET32	WHNRET32	WHNRET32
Was this change positive or negative?	POSRET31	POSRET32	POSRET32	POSRET32	POSRET32	POSRET32	POSRET32
Have you had a grandchild born?	GRNDCH31	GRNDCH32	GRNDCH32	GRNDCH32	GRNDCH32	GRNDCH32	GRNDCH32
Has caring for a sick/disabled friend or relative become a significant problem?	CARREL31	CARREL32	CARREL32	CARREL32	CARREL32	CARREL32	CARREL32
Has providing care become harder?	CARHRD31	CARHRD32	CARHRD32	CARHRD32	CARHRD32	CARHRD32	CARHRD32
Has there been a significant change in your personal finances?	CHGFIN31	CHGFIN32	CHGFIN32	CHGFIN32	CHGFIN32	CHGFIN32	CHGFIN32
When did this happen?	WHNFIN31	WHNFIN32	WHNFIN32	WHNFIN32	WHNFIN32	WHNFIN32	WHNFIN32
Was this change positive or negative?	POSFIN31	POSFIN32	POSFIN32	POSFIN32	POSFIN32	POSFIN32	POSFIN32
Did you or a very close friend or family member have a serious accident or illness?	ACCILL31	ACCILL32	ACCILL32	ACCILL32	ACCILL32	ACCILL32	ACCILL32
When did this happen?	WHNACC31	WHNACC32	WHNACC32	WHNACC32	WHNACC32	WHNACC32	WHNACC32
Have your, your partner, or a family member been assaulted or robbed?	ROBBED31	ROBBED32	ROBBED32	ROBBED32	ROBBED32	ROBBED32	ROBBED32
When did this happen?	WHNROB31	WHNROB32	WHNROB32	WHNROB32	WHNROB32	WHNROB32	WHNROB32
Have you had any important relationship become worse?	RELWRS31	RELWRS32	RELWRS32	RELWRS32	RELWRS32	RELWRS32	RELWRS32
When did this happen?	WHNREL31	WHNREL32	WHNREL32	WHNREL32	WHNREL32	WHNREL32	WHNREL32
Did someone close to you die?	CLSDIE31	CLSDIE32	CLSDIE32	CLSDIE32	CLSDIE32	CLSDIE32	CLSDIE32
When?	WHNDIE31	WHNDIE32	WHNDIE32	WHNDIE32	WHNDIE32	WHNDIE32	WHNDIE32
Have any other important things happened to you or your partner?	OTHEV31	OTHEV32	OTHEV32	OTHEV32	OTHEV32	OTHEV32	OTHEV32
What happened?	OTHSPC31	OTHSPC32	OTHSPC32	OTHSPC32	OTHSPC32	OTHSPC32	OTHSPC32
Was it positive or negative?	POSEV31	POSEV32	POSEV32	POSEV32	POSEV32	POSEV32	POSEV32

*** Some of these variables are also found in the Depression / Life Events Form (Rec 5)

Phone Follow-Up Form (cont.)

Questions	Year 8	Year 9	Year 10	Year 11	Year 12
<u>Life events***</u>					
Have you retired or changed/lost your job since we saw you last?	RETIRE32	RETIRE32	RETIRE32	RETIRE32	
When did this happen?	WHNRET32	WHNRET32	WHNRET32	WHNRET32	
Was this change positive or negative?	POSRET32	POSRET32	POSRET32	POSRET32	
	GRNDCH32	GRNDCH32	GRNDCH32	GRNDCH32	
Have you had a grandchild born?					
Has caring for a sick/disabled friend or relative become a significant problem?	CARREL32	CARREL32	CARREL32	CARREL32	
	CARHRD32	CARHRD32	CARHRD32	CARHRD32	
	CHGFIN32	CHGFIN32	CHGFIN32	CHGFIN32	
Has providing care become harder?					
Has there been a significant change in your personal finances?	WHNFIN32	WHNFIN32	WHNFIN32	WHNFIN32	
When did this happen?	POSFIN32	POSFIN32	POSFIN32	POSFIN32	
Was this change positive or negative?	ACCILL32	ACCILL32	ACCILL32	ACCILL32	
Did you or a very close friend or family member have a serious accident or illness?	WHNACC32	WHNACC32	WHNACC32	WHNACC32	
When did this happen?	ROBBED32	ROBBED32	ROBBED32	ROBBED32	
Have your, your partner, or a family member been assaulted or robbed?	WHNROB32	WHNROB32	WHNROB32	WHNROB32	
When did this happen?	RELWRS32	RELWRS32	RELWRS32	RELWRS32	
Have you had any important relationship become worse?	WHNREL32	WHNREL32	WHNREL32	WHNREL32	
When did this happen?	CLSDIE32	CLSDIE32	CLSDIE32	CLSDIE32	
Did someone close to you die?	WHNDIE32	WHNDIE32	WHNDIE32	WHNDIE32	
When?	OTHEV32	OTHEV32	OTHEV32	OTHEV32	
Have any other important things happened to you or your partner?	OTHSPC32	OTHSPC32	OTHSPC32	OTHSPC32	
What happened?	POSEV32	POSEV32	POSEV32	POSEV32	
Was it positive or negative?					

Phone Follow-Up Form (cont.)

*** Some of these variables are also found in the Depression / Life Events Form (Rec 5)

Phone Follow-Up Form (cont.)

Questions	Baseline	Year 3	Year 4	Year 5	AA Cohort Baseline	Year 6	Year 7
<u>Proxy & Contacts Tracking</u>							
Plan to be out of the area 6 months from now?	OUTAR31	OUTAR32	OUTAR32	OUTAR32	OUTAR32	OUTAR32	OUTAR32
Moving permanently/temporarily?	OUTPRM31	OUTPRM32	OUTPRM32	OUTPRM32	OUTPRM32	OUTPRM32	OUTPRM32
If permanently							
New address known?	KNADDR31	KNADDR32	KNADDR32	KNADDR32	KNADDR32	KNADDR32	KNADDR32
Street	STREET31	STREET32	STREET32	STREET32	STREET32	STREET32	STREET32
City	CITY31	CITY32	CITY32	CITY32	CITY32	CITY32	CITY32
State	STATE31	STATE32	STATE32	STATE32	STATE32	STATE32	STATE32
Zip code	ZIP31	ZIP32	ZIP32	ZIP32	ZIP32	ZIP32	ZIP32
New phone number	PHONE31	PHONE32	PHONE32	PHONE32	PHONE32	PHONE32	PHONE32
Area code	AREACD31	AREACD32	AREACD32	AREACD32	AREACD32	AREACD32	AREACD32
Which general area will move to (if new address is unknown)?	GENAR31	GENAR32	GENAR32	GENAR32	GENAR32	GENAR32	GENAR32
If temporarily							
When will return							
Month	RETMO31	RETMO32	RETMO32	RETMO32	RETMO32	RETMO32	RETMO32
Year	RETYR31	RETYR32	RETYR32	RETYR32	RETYR32	RETYR32	RETYR32
Time interview ended							
Hour	ENDHR31	ENDHR32					
Minute	ENDMIN31	ENDMIN32					
am/pm	ENDAP31	ENDAP32					
Interview completed by		WHO32	WHO32	WHO32	WHO32	WHO32	WHO32
If by proxy, reason		PROXY32	PROXY32	PROXY32	PROXY32	PROXY32	PROXY32
Specify other		PRXSPC32	PRXSPC32	PRXSPC32	PRXSPC32	PRXSPC32	PRXSPC32

Phone Follow-Up Form (cont.)

Questions	Year 8	Year 9	Year 10	Year 11	Year 12
<u>Proxy & Contacts Tracking</u>					
Plan to be out of the area 6 months from now?	OUTAR32	OUTAR32	OUTAR32	OUTAR32	
Moving permanently/temporarily?	OUTPRM32	OUTPRM32	OUTPRM32	OUTPRM32	
If permanently					
New address known?	KNADDR32	KNADDR32	KNADDR32	KNADDR32	
Street	STREET32	STREET32	STREET32	STREET32	
City	CITY32	CITY32	CITY32	CITY32	
State	STATE32	STATE32	STATE32	STATE32	
Zip code	ZIP32	ZIP32	ZIP32	ZIP32	
New phone number	PHONE32	PHONE32	PHONE32	PHONE32	
Area code	AREACD32	AREACD32	AREACD32	AREACD32	
Which general area will move to (if new address is unknown)?	GENAR32	GENAR32	GENAR32	GENAR32	
If temporarily					
When will return					
Month	RETMO32	RETMO32	RETMO32	RETMO32	
Year	RETYR32	RETYR32	RETYR32	RETYR32	
Time interview ended					
Hour					
Minute					
am/pm					
Interview completed by	WHO32	WHO32	WHO32	WHO32	
If by proxy, reason	PROXY32	PROXY32	PROXY32	PROXY32	
Specify other	PRXSPC32	PRXSPC32	PRXSPC32	PRXSPC32	

Body Composition and Bone Density Questionnaire Form
(Record 63)

Question	Year 7 or 8
Year of study	YEAR63
Time you ate last full meal	
Hour	MEALHR63
Minutes	MEALMN63
a.m./p.m.	MEALAP63
In past year, gained or lost > 5 lbs	GAINLS63
Weight change due to something you did?	WTCHG63
Was dieting a major factor in weight change?	DIET63
Was exercise a major factor in weight change?	EXER63
Was surgery, illness or medication a major factor in weight change?	SGILMD63

What caused weight change?	
Overweight/obesity	OVERWT63
High blood pressure/hypertension	HIB63
High blood cholesterol	CHOL63
Diabetes	DIAB63
Heart disease	HRTDIS63
Cancer	CANCER63
Surgery	SURG63
Specify the surgery	SRGSPC63
Medication	MED63
Specify the medication	MEDSPC63
Other	OTHER63
Specify the other	OTHSPC63
Don't know	DNTKN63

Question	Year 7 or 8
What was your maximum adult weight (excluding pregnancy)?	MAXWT63
How old were you at your maximum weight?	MAXAGE63
After 50 years old, did you ever have a confirmed broken or fracture bone?	BRBOND63

Which bone(s) did you break, and how old were you ?	
Hip/pelvis	HIP63
Age when first broken	HIPAGE63
Ankle	ANKLE63
Age when first broken	ANKAGE63
Wrist	WRIST63
Age when first broken	WRAGE63
Upper arm (humerus)	ARM63
Age when first broken	ARMAGE63
Spine (vertebra)	SPINE63
Age when first broken	SPNAGE63
Other	BROTH63
Specify other	BOTHSP63
Age when first broken	BOTHAG63
How often did you drink milk in your teens (12-17)?	MILKTN63
How often did you drink milk when you were age 18-50?	MILKAD63
How often did you drink milk from age 50 on?	MILK5063
Have you had a replacement hip?	HIPRPL63

Body Composition and Bone Density Questionnaire Form
(Record 63)*

Question	Year 7 or 8
Do you have any metal objects in the abdomen area?	METAL63

Question	Year 7 or 8
Have you any tests using radioactive materials within the last ten days?	TESTS63
Do you agree to have bone scan?	AGREE63
If not today, date scheduled	SCHDAT63
Other reason for refusal	REFRSN63
Interviewer ID number	INTID63
Interview date	INTDAT63

Bone Composition & Bone Density Completion
(Record 64)*

Question	Year 7 or 8
Year of study	YEAR64
Results of DEXA, X-ray bone scan	
Hip	
Date of hip scan	HIPDAT64
Result of scan	HIPCMP64
Scan flagged for review	HIPFLG64
Reason scan incomplete or not done	HIPRSN64
Specify other reasons	HIPSPC64
Whole body	
Date of body scan	BDYDAT64
Result of scan	BDYCMP64
Scan flagged for review	BDYFLG64
Reason scan incomplete or not done	BDYRSN64
Specify other reasons	BDYSPC64
Interviewer ID number	TECHID64
Interview date	INTDAT64

***NOTE:** These data were collected on roughly 600 participants from Davis and 1,000 from Pittsburgh during years 7 and 8. The actual scan data are in SAS data sets.

Endothelial Function
(Record 76)*

Question	Year 8	Year 9	Year 10	Year 11	Year 12
Data Selection Variable			DATE76		
Year of Study			YEAR76		
Date of Birth			BIRTH76		
Has doctor ever said you have Raynaud's Phenomenon?			RAYNAU76		
Had radical mastectomy on either side			RADMAS76		
Eaten during the last 6hours? What eaten?			EATEN76 WHAT76		
Had any caffeinated drinks in last 6 hours? How many cups?			COFFEE76 CUPS76		
Smoked cigarettes in last 6 hours?			SMOKE76		
Taken any medications or vitamins today? Any vitamins? Multivitamin Vitamin E Vitamin C Beta-Carotene Vitamin B6 Folate Any lipid/cholesterol medication? Any blood pressure medication? Any estrogen/progestin?			MEDS76 MULTI76 VITE76 VITC76 BETAC76 VITB76 FOLATE76 LIPID76 BPMED76 ESTROG76		

Question	Year 8	Year 9	Endothelial Exam (cont.) Year 10	Year 11	Year 12
Brachial scan tape ID number			TAPEID76		

* Administered for the first time in Year 10

Question	Year 8	Year 9	Year 10	Year 11	Year 12
Time of day scan started: Hour Minute AM/PM			BEGHR76 BEGMIN76 BEGAP76		
Cuff size: Right Arm Left Arm			CUFFR76 CUFFL76		
Dinamap used for resting blood pressure?			DINA76		
Baseline blood pressure and pulse: Baseline systolic Baseline diastolic Baseline pulse			BASSYS76 BASDIA76 BASPUL76		
Tape start time: Hour Minute Seconds			HOUR176 MIN176 SEC176		
Cuff inflated pressure			CUFFPR76		
Tape stop time: Hour Minute Seconds			HOUR276 MIN276 SEC276		

Endothelial Exam (cont.)

Question	Year 8	Year 9	Year 10	Year 11	Year 12
Post blood pressure and pulse: Post systolic Post diastolic Post pulse			POSSYS76 POSDIA76 POSPUL76		
Bracian scan complete?			BRACH76		

Endothelial Exam (cont.)

Question	Year 8	Year 9	Year 10	Year 11	Year 12
Scanning continued after deflation? If yes, how long cuff inflated? Minutes Seconds			SSCONT76 CUFMIN76 CUFSEC76		
Why scan not done or discontinued? Other reason, specify			WHYNOT76 WHSPEC76		
Position of participant			PPTPOS76		
Arm position			ARMPOS76		
Distance from antecubital crease to probe			DIST76		
Probe Angle			PROBE76		
Quality of scan			QUAL76		
Interviewer ID			INTID76		
Sonographer ID			SONID76		
Date of Procedure			PRODAT76		

Endothelial Data
(Record 78)*

Question	Year 8	Year 9	Year 10	Year 11	Year 12
Data Selection Variable			BRDATE78		
Percent Change			PCTCHG78		

* Administered for the first time in Year 10.